HEALTH SERVICES AND DEVELOPMENT AGENCY
MARCH 25, 2015
APPLICATION SUMMARY

NAME OF PROJECT:	St. Thomas Midtown Hospital
PROJECT NUMBER:	CN1412-049
ADDRESS:	791 Old Hickory Boulevard Brentwood (Davidson County), Tennessee 37027
LEGAL OWNER:	Saint Thomas Midtown Hospital 102 Woodmont Boulevard, Suite 800 Nashville (Davidson County), TN 37205
OPERATING ENTITY:	N/A
CONTACT PERSON:	Blake Estes (615) 284-3990
DATE FILED:	December 15, 2014
PROJECT COST:	$ 6,757,172
FINANCING:	Cash transfer to applicant from Saint Thomas Health.
PURPOSE OF REVIEW:	Establishment of a satellite emergency facility with 8 treatment rooms

DESCRIPTION:

Saint Thomas Midtown Hospital is seeking approval for the establishment of an 8 room newly constructed 9,250 square foot hospital satellite Emergency Department (ED) to be located at 791 Old Hickory Blvd., Brentwood (Davidson County), TN 37027. The project will be physically connected to Premier Radiology Brentwood, located at 789 Old Hickory Boulevard, Brentwood (Davidson County), TN. The proposed satellite ED will be a full-service, 24-hour, physician-staffed satellite facility providing the same full-time emergency and diagnostic and treatment services as the main hospital, but will utilize the adjacent Premier Radiology Brentwood Imaging Center for diagnostic services such as CT and MRI. Physician staffing will be provided by the same existing 39 Emergency Medicine board-certified physicians who currently staff Saint Thomas Midtown and

West Hospitals. The proposed satellite ED service will be operated as a department of St. Thomas Midtown Hospital.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Note to Agency members: There are currently no standards and criteria in the State Health Plan specific to emergency departments.

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

3. For renovation or expansion of an existing licensed healthcare institution:

a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

The applicant indicates in the next 5 years population growth in Davidson and Williamson Counties will generate demand for an additional 21,861 ED visits (6,245/Williamson County and 15,616/Davidson County). Based on the American College of Emergency Physician standard of 1,500 visits per treatment room, the applicant calculates the need for 15 additional treatments rooms (21,861 ED visits/1,500 visits per ED room). In addition, Saint Thomas West Hospital will lose 2 treatment rooms to provide space to a CT scanner and TriStar Centennial Medical Center will reduce ED treatment rooms by 4 (CN1407-022A approved October 22, 2014).

It appears that this criterion has been met.

b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

The campuses of Saint Thomas Midtown and West Hospital are becoming increasingly crowded by space constraints. Renovation and expansion of the existing emergency departments at either Saint Thomas Midtown Hospital or Saint Thomas West Hospital is not a more viable option than the proposed satellite ED. Saint Thomas Health is pursuing a strategy of decompressing services in downtown Nashville and moving services closer to the communities where Saint Thomas Midtown Hospital's patients reside.

It appears that this criterion has been met.

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.

The proposed project, as a satellite Emergency Department of Saint Thomas Midtown Hospital (STMH) (which is located 10.3 miles to the southwest of the STMH), will provide full service emergency care 24 hours-a-day, 7 days a week, to adult and pediatric patients who seek emergency services in the following nine primary service area zip codes in Davidson and Williamson Counties: 37024 (PO Boxes in Brentwood-Davidson/Williamson Counties), 37065 (PO Boxes in Franklin-Williamson County), 37069 (Franklin/Williamson County), 37027 (Brentwood-Davidson/Williamson Counties), 37067 (Franklin/Williamson County), 37135 (Nolensville/Williamson County), 37064 (Franklin/Williamson County), 37068 (PO Boxes in Franklin/Williamson County), and 37179 (Thompson Station/Williamson County). Please refer to the chart on page 8 of the original application for more detailed information.

The proposed satellite ED will be physically attached to Middle Tennessee Imaging, LLC (MTI), a/k/a Premier Radiology Brentwood, sharing a 1.5-acre site. The satellite ED will be in a newly constructed 9,250 square foot building. Saint Thomas Health is the majority owner of Premier Radiology Brentwood which provides imaging services such as x-ray, ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), coronary computed tomography angiogram (CTA), lung screening CT, mammography, peripheral artery disease (PAD) screening, pain management and wellness imaging. If approved, Premier Radiology Brentwood will provide 24/7 diagnostic services for Saint Thomas Midtown (Emergency Department at Brentwood) ED patients.

Note to Agency members: TriStar Southern Hills Emergency Department at I-65, CN1412-050, is a simultaneous review application with Saint Thomas Hospital (Emergency Department at Brentwood). TriStar Southern Hills Medical Department at I-65 proposes to establish a full service 8 treatment room satellite emergency department that will operate as a department of Southern Hills Medical Center. The proposed Sothern Hills Medical Center satellite emergency room will be located at an unaddressed site located at the NE Corner of Intersection of Old Hickory Boulevard and American General Way 791 Old Hickory Boulevard, Brentwood (Davidson County), TN, 37027 within 1.5 miles of Saint Thomas Midtown proposed satellite Emergency Department.

A public bus line currently provides express and local services to the proposed satellite ED site. Two bus routes are profiled in Attachment 4 of the original application. If approved, the satellite emergency department is projected to open in July 2016.

An overview of the project is provided on pages 7-9 of the original application.

Ownership

- Saint Thomas Midtown Hospital is part of Nashville-based Saint Thomas Health, which is part of Ascension Health.
- Ascension Health is a Catholic organization that is the largest not-for-profit health system in the United States.
- Other hospital members of Saint Thomas Health in Middle Tennessee include Saint Thomas West Hospital f/k/a Saint Thomas Hospital (541 beds), Saint Thomas Rutherford Hospital f/k/a Middle Tennessee Medical Center (286 beds), and St. Thomas Hickman Hospital f/k/a Hickman Community Hospital (25 beds)
- An organizational chart is enclosed in Attachment A.4.
- Saint Thomas Midtown Hospital is a 683 licensed bed acute care hospital. The Joint Annual Report for 2013 indicates STMH staffs 432 beds. Licensed bed occupancy was 44.2% and staffed bed occupancy was 70.0%.

The following provides the Department of Health's definition of the two bed categories pertaining to occupancy information provided in the Joint Annual Reports:

Licensed Beds - The maximum number of beds authorized by the appropriate state licensing (certifying) agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care bassinets).
Staffed Beds - The total number of adult and pediatric beds set up, staffed and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.

Note Agency Members: In the supplemental response, the applicant identified 5 urgent care centers located within the applicant's proposed service area. Three of the urgent care centers are located in Zip Code 37027 and two in Zip Code 37067. The applicant provides a table listing the 5 urgent care centers on page 14 of supplemental response #1, and a map located in Attachment #7. A description explaining the difference between an urgent care center and free-standing ED is provided on page 22 in supplemental #1. The applicant indicates urgent care centers are open fewer hours and serve patients with lesser acuity. A Certificate of Need is not required for an urgent care center.

Facility Information

- The total square footage of the proposed one-story project is 9,250 square feet. A floor plan drawing is included in Tab 9, Attachment B.IV.—Schematics.
- The proposed ED will contain a lab, 8 treatment and exam rooms, including one "flex" psychiatric room and one trauma room.
- Space will also support 1 full-time ambulance and crew from Saint Thomas Health's existing fleet. Saint Thomas Emergency Medical Services (STEMS) provides emergency medical transportation services.
- The proposed satellite ED will occupy a .78-acre tract of land and will be connected to the existing Premier Radiology Building. A plot plan is included in Attachment B. III. (A).
- 24/7 imaging services will be provided under contract by MTI/Premier Radiology Brentwood.
- Besides the clinical treatment areas, the facility will include support spaces, staff bathrooms and a break room, offices, and a room for Emergency Medical Services (EMS) Techs providing ambulance transport.
- The proposed satellite ED will be open 24 hours/day, 7 days/week, and 365 days/year.

Project Need

The rationale for this project provided by the applicant includes the following:

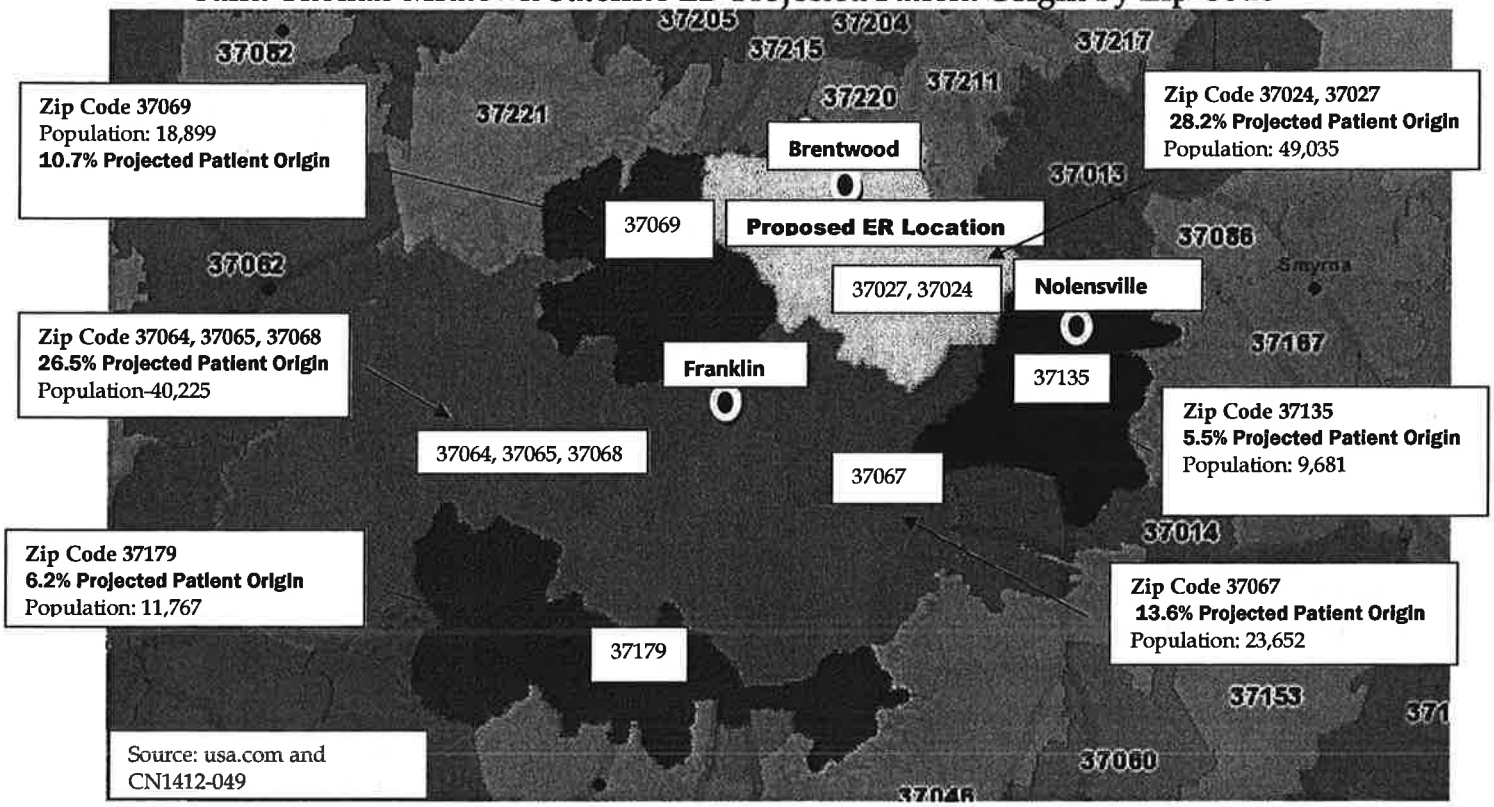
- The population growth of Davidson and Williamson Counties in the next 5 years will generate the demand for 15 additional treatment rooms.
- St. Thomas Midtown will lose 2 treatment rooms to provide space for a CT and TriStar Centennial Medical Center will reduce its treatment rooms by 4.
- A satellite emergency department will reduce the high utilization of existing ED treatment rooms at St. Thomas Midtown and Saint Thomas West and will better distribute vital resources throughout the service area.
- ED flow, efficiency, and quality of care will improve patient treatment times for service area residents whether seeking treatment locally or traveling to Saint Thomas Midtown Hospital or Saint Thomas West Hospital.

Service Area Demographics

STMH's satellite ED's declared service area is Davidson and Williamson Counties.

- The total population of the 2 county service area is estimated at 656,385 residents in calendar year (CY) 2014 increasing by approximately 4.0% to 682,330 residents in CY 2018.
- The overall statewide population is projected to grow by 3.7% from 2014 to 2018.
- The latest 2014 percentage of the 2 counties population enrolled in the TennCare program is 4.5% in Williamson County and 18.9% in Davidson County, averaging 15.5% for the 2 counties. The statewide TennCare enrollment percentage is 18.8% of the total population.

Saint Thomas Midtown Satellite ED Projected Patient Origin by Zip Code



The above map of the Saint Thomas Midtown Satellite ED projected patient origin by zip code reflects the following:

- The applicant is proposing to establish a satellite emergency department physically located in Zip Code 37027.
- Zip code 37027 (Brentwood, TN) has the highest projected patient origin of 2,383 patients, or 28.2%.
- Zip Code 37064/37065 and 37068 (Franklin, TN) has the second highest projected patient origin of 2,239 patients, or 26.5%.
- The total 9 zip codes above represent 153,259 residents.

2013 Patient Origin by Zip Code and Compared to STMH Projections Year 2

Hospital ED	37024	37027	37064	37065	37068	37067	37069	37135	37179	Total
Saint Thomas Midtown Hospital	11	485	201	1	3	107	105	78	35	1,026
Saint Thomas West Hospital	17	610	314	7	5	116	348	40	44	1,501
Subtotal STH	**28**	**1,095**	**515**	**8**	**8**	**223**	**453**	**118**	**79**	**2,527**
TriStar Cenntennial ED Spring Hill	0	9	130	1	0	11	8	2	583	744
TriStar Centennial Medical Center	5	563	280	4	3	185	113	99	77	1,329
TriStar Skyline Medical Center	3	67	40	1	0	22	15	8	5	161
TriStar Southern Hills Medical Center	10	673	130	0	2	68	27	212	22	1,144
TriStar Summit Medical Center	5	76	56	0	0	25	13	20	13	208
Subtotal HCA	**23**	**1,388**	**636**	**6**	**5**	**311**	**176**	**341**	**700**	**3,586**
Nashville General Hospital	4	66	47	0	0	10	14	24	7	172
Vanderbilt Univ Hospital	32	2,018	1,553	9	36	705	703	385	303	5,744
Williamson Medical Center	21	3,091	9,554	28	42	3,708	1,429	621	1,487	19,981
Other Facilities	20	497	559	9	27	212	138	570	189	2,221
Total	**128**	**8,155**	**12,864**	**60**	**118**	**5,169**	**2,913**	**2,059**	**2,765**	**34,231**
2017 (Yr. 2) STMH Satellite ED Projections	**37024/37027**		**37064/37065/37068**							
	2,383		**2,239**			**1,150**	**907**	**466**	**527**	**7,672**
Estimated STMH satellite ED Market Share*	**28.8%**		**17.2%**			**22.2%**	**31.2%**	**22.6%**	**19%**	**22.4%**

Source: CN1412-049, THA Market IQ

**These percentages represent 2017 STMH projected satellite ED visits divided by the actual total ER visits from residents of the ZIP code in 2013*

The preceding table represents the ED 2013 Patient Origin by the 9 Zip Code service area declared by STMH for the proposed satellite ED. STMH satellite ED projections in Year 2 are compared to 2013 utilization. The table reflects the following:

- There were 34,231 ED visits in 2013 from the residents of the 9 area zip codes declared as the proposed service area for the STMH satellite ED. Williamson Medical Center provided 19,981, or 58% of all ED visits provided in the 9 zip codes in 2013.
- Williamson County Medical Center (9.7 miles from proposed STMH Satellite ED) provided a majority of 2013 ED visits in 8 of the 9 proposed zip codes in 2013, except for zip codes 37024, where Vanderbilt provided 32 ED visits, or 25%.
- St. Thomas Health owned facilities provided 2,527 ED visits in 2013, or 7.4% of the 34,231 total ED visits.
- HCA owned facilities provided 3,586 ED visits in 2013, or 10.5% of the 34,231 total ED visits.
- The STMH satellite ED proposes to provide 7,672 visits in 2018 (Year 2), or 22.4% of the 34,231 total ED visits in 2013.
- Overall, the applicant projects that from population growth alone from 2014 to 2019, there will be 15,616 additional emergency visits from Davidson County and 6,254 emergency visits from Williamson County. Using the American College of Emergency Physicians (ACEP) standard of 1,500 visits per room, the applicant projects a need for 15 additional treatment rooms.

Comparative Analysis: 9 ZIP Code Service Area Patient Origin Dependence: STMH Main ED (2013) vs. STMH Satellite ED (Projected Year 2)

STMH Main ED Dept. Patient Origin			STMH Satellite ED Projection		
Zip Code	**2013**	**% ED Visits from Zip Code (s) Total**	**Zip Code**	**Yr. 2**	**% of total**
37024/37027	496	6.0%	**37024/37027**	2,383	28.2%
37064/37065/37068	205	1.6%	**37064/37065/37068**	2,239	26.5%
37067	107	2.1%	**37067**	1,150	13.6%
37069	105	3.6%	**37069**	907	10.7%
37135	78	3.8%	**37135**	466	5.5%
37179	35	1.3%	**37179**	527	6.2%
Subtotal	**1,026**	**3%**	**Subtotal PSA**	**7,672**	**91%**
			(other <5%)	768	9%%

Source: CN1412-049

- According to St. Thomas Midtown Hospital's 2013 ED Patient Origin by Zip Code, approximately 3.0%, or 1,026 ED patients resided in the 9 zip codes identified in the preceding table. Conversely, 97% of STMH ED visits were from individuals not residing in the 9 ZIP code region.
- In 2013, approximately 4.8%, or 496 patients of STMH's main ED resided in Zip Code 37027.
- Approximately 55% of the proposed satellite ED utilization will come from zip codes 37024/37027 and 37064/37065/37068.

Historical and Projected Utilization

STMH Historical and Projected ED Utilization

	Actual (by levels of care)			Projected (by levels of care)			
	2012	2013	2014	2015	2016	Yr. 1 2017	Yr. 2 2018
Main ED Visits	51,985	51,630	48,808	51,024	52,555	53,575	54,596
Main Campus ED Rooms	36	36	36	36	36	36	36
*Main Campus ED Visits/ Room	**1,444**	**1,434**	**1,356**	**1,417**	**1,460**	**1,488**	**1,516**
Satellite ED Visits						6,155	8,439
Satellite ED Rooms						8	8
*Satellite ED Visits Per Room						769	1,055
Total Visits	**51,985**	**51,630**	**48,808**	**51,024**	**52,555**	**59,730**	**63,035**
Total Rooms	**36**	**36**	**36**	**36**	**36**	**44**	**44**
Total Visits Per Room	**1,444**	**1,434**	**1,356**	**1,417**	**1,460**	**1,358**	**1,433**

Source: CN1412-049
**ACEP utilization standard is 1,500 visits per treatment room*

The utilization table above reflects the following:

- There was a 6.1% decrease in ED patient visits at STMH from 51,985 in 2012 to 48,808 in 2014.
- The applicant projects an increase of 21.5% in Satellite ED patient visits from 6,155 in Year 1 (2017) to 8,439 in Year Two (2018).
- Combined the applicant projects an increase of 5.5% in ED visits from 59,730 in 2017 to 63,035 in 2018.
- In Year One of the proposed project, STMH's main ED will experience 53,575 emergency ED visits, averaging 1,516 per ED room; the proposed satellite ED will experience 6,155 emergency ED visits, averaging 769 ED visits per room; and combined total ED visits will total 59,730 averaging 1,358 visits per room.

The table below reflects the following:

- Approximately 50.4% of the proposed satellite ED and main ED visits in 2017 (Year One) are expected to be recorded as Levels 1, 2, and 3 which are patients with lower acuity levels and less severe conditions than the more severe and complex patient conditions of Level 4 and 5.
- Level 1 represents non-urgent (needs treatment when time permits); Level 2 semi-urgent (non-life threatening); Level 3 Urgent (non-life threatening); Level 4 Emergency, (could become life threatening); and Level V (immediate, life threatening).

STMH Historical and Projected ER Utilization by Levels of Care

					Satellite Yr. 1	Satellite Yr. 2
	2013	2014	2015	2016	2017	2018
Main ED						
Level I	3,407	3,221	3,367	3,468	3,536	3,603
Level II	9,432	8,916	9,321	9,601	9,787	9,974
Level III	13,201	12,479	13,046	13,437	13,698	13,959
Level IV	19,210	18,160	18,984	19,554	19,933	20,313
Level V	6,381	6,032	6,306	6,495	6,621	6,747
Sub Total	**51,630**	**48,808**	**51,024**	**52,555**	**53,575**	**54,596**
Satellite ED						
Level I					406	557
Level II					1,125	1,542
Level III					1,574	2,158
Level IV					2,290	3,140
Level V					761	1,043
Subtotal					6,155	8,439
Total Combined ED's					**59,730**	**63,035**

Source: CN1412-049

Utilization of Primary Davidson and Williamson Counties Emergency Departments 2011-2013

Davidson and Williamson County Emergency Departments	ER Rooms	2011	2012	2013	11-13 % Change	*2013 Average Per Room
Non- Ascension Health Owned Hospitals						
TriStar Centennial Medical Ctr. (Davidson County)	47	34,534	38,774	48,146	28.3%	1,024
TriStar Skyline	44	50,749	54,742	54,598	7.0%	1,248
TriStar Southern Hills Medical Center (Davidson)	19	36,083	40,632	41,495	13.0%	2,231
TriStar Summit (Davidson)	31	47,981	52,862	50,834	5.6%	1,663
Williamson Medical Center (Williamson)	28	35,396	37,716	36,176	2.2%	1,292
Metro Nashville General Hospital (Davidson)	22	33,199	34,214	36,536	9.1%	1,664
Vanderbilt Medical Center	78	109,987	114,051	119,225	7.7%	1,643
Subtotal	**269**	**347,929**	**372,991**	**387,010**	**11.2%**	**1,439**
Ascension Health Owned Hospitals						
St. Thomas Mid-Town (Davidson)	36	48,721	50,047	49,894	2.4%	1,386
Saint Thomas West Hospital (Davidson)	29	32,937	32,188	32,477	-1.4%	1,120
Subtotal	**65**	**81,658**	**82,235**	**82,371**	**0.87%**	**1,253**
Grand Total	**334**	**429,587**	**455,226**	**469,381**	**9.3%**	**1,405**

Source: 2011-2013 Joint Annual Reports
**American College of Emergency Physicians utilization standard is 1,500 visits/treatment room.*

- Overall, the 2 county proposed service area experienced a 9.3% increase in hospital ED visits from 429,587 in 2011 to 469,381 in 2013.
- TriStar Centennial Medical Center experienced the greatest increase in volume from 34,534 ED visits in 2011 to 48,146 cases in 2013, a 28.3% increase. On the other hand, Saint Thomas West Hospital was the only hospital that experienced a decrease in volume from 32,937 ED visits in 2011 to 32,477 ED visits in 2013, a 1.9% decrease.
- Non-Ascension owned hospitals outpaced Ascension owned hospitals with an increase of 11.2% in ED visits from 2011 to 2013, versus an increase of 0.87% for Ascension owned hospitals during the same time period.
- The 2013 average per room ranged from 1,024 per room at TriStar Centennial Medical Center to 2,231 at TriStar Southern Hills Medical Center.

- Davidson and Williamson Counties' 334 ED rooms averaged 1,405 ED visits per room in 2013.

Project Cost

Major costs are:

- Construction Cost (including contingency), $2,611,973, or 38.7% of the total cost.
- Site cost $2,383,200.00 or 35.3% of total cost.
- For other details on Project Cost, see the Project Cost Chart on page 32 of the application.

The total construction cost for the proposed hospital ED is $290 per square foot. As reflected in the table below, the construction cost is between median cost of $274.63 per square foot, and the 3rd quartile of $324 per square foot of statewide hospital construction projects from 2011 to 2013.

Statewide
Hospital Construction Cost Per Square Foot
Years 2011-2013

	Renovated Construction	New Construction	Total construction
1st Quartile	$107.15/sq. ft.	$235.00/sq. ft.	$151.56/sq. ft.
Median	$179.00/sq. ft.	$274.63/sq. ft.	$227.88/sq. ft.
3rd Quartile	$249.00/sq. ft.	$324.00/sq. ft.	$274.63/sq. ft.

Source: HSDA Applicant's Toolbox

Please refer to the square footage and cost per square footage chart on page 11 of the application for more details.

Financing

A December 5, 2014 letter from Craig Polkow, Chief Financial Officer of Saint Thomas Health, confirms that the parent company has sufficient cash reserves to fund the proposed project.

As a member of Nashville-based Saint Thomas Health, which is part of Ascension Health, the applicant submitted audited financial statements of Ascension Health for the period ending June 30, 2014 (these are included in tab 15 of the application). A Consolidated Balance Sheet for Saint Thomas Midtown was also provided with the application (see tab 14). Review of the Consolidated Balance Sheets of these entities revealed the following:

Consolidated Balance Sheet Variables of Ascension and Saint Thomas Health

Parent	Cash & Cash Equivalents	Other Long Term Investments	Current Assets	Current Liabilities	Current Ratio
Ascension Health	$618,418,000	$15,327,255,000	$4,622,537,000	$5,014,449,000	0.92 to 1
Saint Thomas Mid-town	$2,000	Not listed	$56,905,000	$46,958,000	1.2 to 1

Source: excerpted from Tabs 14 and 15 of the application. Entries apply to the period ending 6/30/14

Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Historical Data Chart

Mid-Town Hospital Emergency Department

- According to the Historical Data Chart the Saint Thomas Mid-Town Emergency Department experienced profitable net operating income results for the three most recent years reported: $12,262,794 for 2012; $12,179,045 for 2013; and $11,942,893 for 2014.
- Average Annual Net Operating Income less capital expenditures (NOI) was favorable at approximately 12.5% of annual net operating revenue for the year 2014.

Saint Thomas Midtown

- According to the Historical Data Chart, STMH experienced profitable net operating income results for the three most recent years reported: $33,286,000 for 2012; $37,058,000 for 2013; and $41,922,000 for 2014.
- Average Annual Net Operating Income less capital expenditures (NOI) was favorable at approximately 10.3% of annual net operating revenue for the year 2014.

Projected Data Chart

Proposed Satellite ER

The applicant projects $14,833,550.00 in total gross revenue on 6,155 ED visits during the first year of operation and $20,945,598 on 8,439 ED visits in Year Two (approximately $2,482 per visit). The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal ($82,653) in Year One increasing to $109,319 in Year Two.

- Net operating revenue after bad debt, charity care, and contractual adjustments is expected to reach $16,865,031 or approximately 80.1% of total gross revenue in Year Two.
- Charity Care calculates to 246 ED visits in Year One and 340 ED visits in Year Two.
- As with the majority of hospitals, the Emergency Department is not a highly profitable operation by itself, but serves as an important point of admission to the more profitable ancillary and inpatient services.

Saint Thomas Midtown

- The applicant projects $1,523,120,000.00 in total gross revenue on 101,021 patient days during the first year of operation (2017) and $1,525,751,000 on 101,171 patient days in Year Two (2018) (approximately $15,081 per patient day).
- Net operating income less capital expenditures for STMH will equal $43,483,000 in Year 2017 increasing by approximately 0.15% to $43,549,000 in Year 2018.

Charges

In Year One of the proposed project, the average emergency room charges are as follows:

- The proposed average gross charge is $2,410/ ED visit in 2017.
- The average deduction is $1,926/ED visit, producing an average net charge of $484/ED visit.

Medicare/TennCare Payor Mix

- TennCare- Charges will equal $1,616,857 in Year One representing 10.9% of total gross revenue.
- Medicare- Charges will equal $5,859,252 in Year One representing 39.5% of total gross revenue.

Staffing

The applicant's proposed direct patient care staffing in Year One includes the following:

Position Type	Current FTEs
Registered Nurses	14.5
EVS Tech	4.8
Lab Tech	4.8
Registration	4.8
Pharmacy	1.3
Total	**30.3**

Source: CN1412-049

Licensure/Accreditation

STMH is licensed by the Tennessee Department of Health, Division of Health Care Facilities. STMH was notified on September 12, 2012 that a Statement of Deficiencies was developed as the result of a September 4, 2012 complaint investigation and a Plan of Correction was requested. A letter dated October 31, 2012 indicated that the plan of correction was accepted.

STMH is accredited by The Joint Commission. A copy of the March 25-28, 2014 Joint Commission Survey is located in Attachment 13 of Supplemental #1.

Corporate documentation, real estate deed information, performance improvement plan, utilization review plan, and patient bill of rights are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **three** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no Letters of Intent, denied or pending applications for this applicant.

St. Thomas Health has a financial interest in this project and the following:

Outstanding Certificates of Need:

St. Thomas Mid-Town Hospital, CN1401-001A, has an outstanding Certificate of Need which will expire on June 1, 2017. It was approved at the April 23, 2014 Agency meeting for the renovation of surgical suites, patient care areas, and support space for the realignment and consolidation of total joint replacement services at Saint Thomas Midtown Hospital (formerly known as Baptist Hospital) located at 2000 Church Street in Nashville, TN. **The estimated project cost is $25,832,609.** *Project Status Update: A status report dated March 2, 2015 from a project representative indicates the project remains on schedule and on budget and is expected to be complete in September 2015.*

Saint Thomas West Hospital f/k/a Saint Thomas Hospital, CN1110-037A, has an outstanding Certificate of Need which will expire on March 1, 2017. It was approved at the January 25, 2012 Agency meeting for construction of a three phase hospital construction project, including the renovation of 89,134 square feet of existing hospital space and the construction of a six level 135,537 sq. ft. patient tower to be adjoined to the hospital located at 4220 Harding Road, Nashville, TN. The services and areas affected include critical care, operating rooms, patient registration, patient admission and testing, surgery waiting, surgery pre/post-op, emergency department, chest pain clinic, cardiac short stay, PACU, cath lab holding and support space. Major medical equipment included in the project will include one additional GE Discovery CT750 HD

128-slice CT scanner. No additional services or licensed beds are being requested in the project. The estimated project cost is **$110,780,000.** *Project Status update: According to the annual progress report submitted on 3/3/15, the overall project is expected to be complete on June 30, 2016.*

Baptist Plaza Surgicare, CN1307-029A, has an outstanding Certificate of Need which will expire on December 1, 2015. It was approved at the October 23, 2013 Agency meeting for the relocation and replacement of the existing ASTC from 2011 Church Street Medical Plaza I Lower Level, Nashville (Davidson County) to the northeast corner of the intersection of Church Street and 20th Avenue North (Nashville, (Davidson County. The facility will be constructed in approximately 28,500 SF of rentable space in a new medical office building and will contain nine (9) operating rooms and one (1) procedure room. The estimated project cost is **$29,836,377.00**. *Project Status Update: A February 9, 2015 report from a representative of the project indicates pre-construction is underway and that construction is expected to begin during the summer of 2015.*

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no Letters of Intent, denied applications, or outstanding Certificates of Need for similar service area entities proposing this type of service.

Pending Applications

TriStar Southern Hills Medical Center Emergency Room, CN1409-050, has an application that will be heard at the March 25, 2015 Agency meeting for the establishment of a satellite emergency department facility in a leased building to be constructed. The facility will contain 8 treatment rooms for emergency services at an unaddressed site at the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250. The estimated project cost is **$11,500,000.00**

Outstanding Certificates of Need

Centennial Medical Center, CN1407-032A, has an outstanding Certificate of Need that will expire on December 1, 2017. The project was approved at the October 22, 2014 Agency meeting for the renovation of the main emergency department, the development of a Joint Replacement Center of Excellence with 10 additional operating rooms; and the increase of the hospital's licensed bed complement from 657 to 686 beds. The estimated project cost was **$96,192,007.00.** *Project Status Update: The project was recently approved and the development of a Joint Replacement Center portion of the project is being appealed.*

Williamson Medical Center, CN1210-048A, has an outstanding Certificate of need that will expire on March 1, 2016. The project was approved at the January 23, 2013 Agency meeting for the renovation and expansion of the existing facility, including major components as follows: renovation and expansion of the surgery suite and surgical support areas resulting in an increase in the number of operating rooms from 10 to 12; addition of space for a dedicated pediatric emergency department; addition of space for pediatric inpatient beds (12) and pediatric observation beds (4); and addition of shelled space for future needs. The project will require approximately 113,300 square feet of new construction and 37,535 square feet of renovation construction. The estimated project cost is **$67,556,801.** *Project Status Update: An annual progress report received February 23, 2015 indicates state inspections for the children's addition are scheduled for March 2015, with the children's addition opening on July 1, 2015; State inspections for the surgery expansion were scheduled for February 2015, with a March 2015 date of occupying the space; then the renovation phase of the existing OR space will begin with a projected completion date of February 2016.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME 03/10/15

LETTER OF INTENT

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

19

LETTER OF INTENT

The Publication of Intent is to be published in the Tennessean (Name of Newspaper) which is a newspaper of general circulation in Davidson (County), Tennessee, on or before 12/10 (Month / day), 2014 (Year), for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Saint Thomas Midtown Hospital (Name of Applicant) an existing acute care hospital (Facility Type-Existing)

owned by: Saint Thomas Midtown Hospital with an ownership type of not-for-profit

and to be managed by: Saint Thomas Midtown Hospital intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: a full service, 24-hour-per-day/7-day-per-week satellite emergency department facility for patients who require care on an emergency basis. The project will be located at 791 Old Hickory Blvd., Brentwood, Davidson County, TN 37027. The project will be a satellite of the main emergency department at Saint Thomas Midtown Hospital and will be under the sole administrative control of Saint Thomas Midtown Hospital. The project will be physically connected to Premier Radiology Brentwood, located at 789 Old Hickory Blvd., Brentwood, Davidson County, TN 37027. The total number of treatment rooms will be eight. New construction will total 9,250 square feet of space. The total project costs are estimated to be $6,757,172. Saint Thomas Midtown Hospital in Nashville is licensed by the Board for Licensing Healthcare Facilities as a 683-bed acute care hospital. The proposed satellite emergency department facility will provide the same full emergency diagnostic and treatment services as at the main hospital, but will utilize the adjacent Premier Radiology Brentwood imaging center for diagnostic services such as CT and MRI. The project does not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements.

The anticipated date of filing the application is: December 15, 2014

The contact person for this project is Blake Estes (Contact Name) Executive Director of Strategy & Planning (Title)

who may be reached at: Saint Thomas Health (Company Name) 102 Woodmont Blvd., Suite 800 (Address)

Nashville (City) TN (State) 37205 (Zip Code) 615 / 284-3990 (Area Code / Phone Number)

(Signature) 12/9/2014 (Date) blake.estes@sth.org (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

COPY
-Application
St. Thomaas Midtown Hospital

CN1412-049

Saint Thomas
MIDTOWN HOSPITAL

SATELLITE EMERGENCY DEPARTMENT
IN
BRENTWOOD, DAVIDSON COUNTY

CERTIFICATE OF NEED APPLICATION
DECEMBER 2014

SUPPLEMENTAL #1
December 29, 2014
11:48 am

1. ***Name of Facility, Agency, or Institution***

Saint Thomas Midtown Hospital (Emergency Department at Brentwood)		
Name		
791 Old Hickory Boulevard	Davidson	
Street or Route	County	
Brentwood	Tennessee	37027
City	State	Zip Code

2. ***Contact Person Available for Responses to Questions***

Blake Estes		Executive Director, Strategy & Planning	
Name		Title	
Saint Thomas Health		Blake.Estes@sth.org	
Company Name		Email address	
102 Woodmont Boulevard, Suite 800	Nashville	Tennessee	37205
Street or Route	City	State	Zip Code
Exec. Director, Strategy & Planning		615-284-3990	615-284-7403
Association with Owner		Phone Number	Fax Number

3. ***Owner of the Facility, Agency or Institution***

Saint Thomas Midtown Hospital		615-284-6869
Name		Phone Number
102 Woodmont Blvd, Suite 800		Davidson
Street or Route		County
Nashville	Tennessee	37205
City	State	Zip Code

4. ***Type of Ownership of Control (Check One)***

A. Sole Proprietorship		F. Governmental (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For Profit)		I. Other (Specify)_____	
E. Corporation (Not-for-Profit)	X		

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

5. ***Name of Management/Operating Entity (If Applicable)***

Name

Street or Route

County

City

ST

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution (Check One)***

A.	Ownership		D.	Option to Lease	
B.	Option to Purchase		E.	Other (Specify) _____	
C.	Lease of 15 Years	X			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A.	Hospital (Specify) Acute Care	X	I.	Nursing Home	
B.	Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty		J.	Outpatient Diagnostic Center	
C.	ASTC, Single Specialty		K.	Recuperation Center	
D.	Home Health Agency		L.	Rehabilitation Facility	
E.	Hospice		M.	Residential Hospice	
F.	Mental Health Hospital		N.	Non-Residential Methadone Facility	
G.	Mental Health Residential Treatment Facility		O.	Birthing Center	
H.	Mental Retardation Institutional Habilitation Facility (ICF/MR)		P.	Other Outpatient Facility (Specify)	
			Q.	Other (Specify) _____	

8. **Purpose of Review *(Check as appropriate--more than one response may apply)***

A.	New Institution		G.	Change in Bed Complement [*Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation*]	
B.	Replacement/Existing Facility				
C.	Modification/Existing Facility				
D.	Initiation of Significant Health Care Service as defined in TCA § 68-11-1607(4) (Specify) Emergency Dept	X			
E.	Discontinuance of OB Services		H.	Change of Location	
F	Acquisition of Equipment		I.	Other (Specify) Add Satellite Emergency Department	X

9. **Bed Complement Data**

Please indicate current and proposed distribution and certification of facility beds.

		Current Beds		Staffed Beds	Beds Proposed	TOTAL Beds at Completion
		Licensed	*CON			
A.	Medical	355		147		355
B.	Surgical (General Med/Surg)	102		96		102
C.	Long-Term Care Hospital					
D.	Obstetrical	104		97		104
E.	ICU/CCU	46		37		46
F.	Neonatal	52		52		52
G.	Pediatric					
H.	Adult Psychiatric					
I.	Geriatric Psychiatric					
J.	Child/Adolescent Psychiatric					
K.	Rehabilitation	24		24		24
L.	Nursing Facility (non-Medicaid Certified)					
M.	Nursing Facility Level 1 (Medicaid only)					
N.	Nursing Facility Level 2 (Medicare only)					
O.	Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P.	ICF/MR					
Q.	Adult Chemical Dependency					
R.	Child and Adolescent Chemical Dependency					
S.	Swing Beds					
T.	Mental Health Residential Treatment					
U.	Residential Hospice					
	TOTAL	683		453		683

*CON-Beds approved but not yet in service

10. **Medicare Provider Number** 044-0133
Certification Type Acute Care Hospital

11. **Medicaid Provider Number** 044-0133
Certification Type Acute Care Hospital

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?** N/A

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants? Yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or *plans to contract.***

Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

RESPONSE: Midtown Hospital participates in the major TennCare MCOs serving the majority of the patients in the area: UnitedHealthcare Community Plan and Amerigroup. Final negotiations with TennCare Select and BlueCare are expected to be completed by January 1, 2015. In the meantime, these patients are still authorized at Midtown Hospital and out of network rates are accepted until fully contracted. In total, Midtown Hospital participates in approximately 44 managed care organizations/behavioral health organizations. Please see **Attachment A,13 (Tab 6)** for a list of managed care contracts in which Midtown Hospital participates.

NOTE: ***Section B*** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. ***Section C*** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. **Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

RESPONSE: Please see the following executive summary.

CREATE A SATELLITE EMERGENCY DEPARTMENT ("ED") IN BRENTWOOD, DAVIDSON CO., ADJACENT TO PREMIER RADIOLOGY (CN1203-014A)

APPLICANT OVERVIEW: For more than 90 years, Saint Thomas Midtown Hospital ("Midtown Hospital") has been devoted to physical, emotional and spiritual healing. Midtown Hospital is among the largest not-for-profit regional tertiary referral centers in Middle Tennessee, licensed for 683 acute and rehab care beds. Midtown Hospital's heritage of healing is one of continuous growth, community service and superior care. Recent achievements in clinical care include:

- Nation's 100 Top Hospitals by Thomson Reuters and 100 Top Hospitals Everest Award
- Three-Year Approval with Commendation from the Commission on Cancer of the American College of Surgeons

EXISTING RESOURCES. Saint Thomas Health's Emergency Departments are designated full-service EDs for all of the surrounding communities. EDs are staffed with board-certified emergency medicine physicians and experienced registered nurses that provide patients immediate access to the most advanced diagnostic services and lifesaving care available.

Saint Thomas Health's emergency services include accredited Chest Pain Centers at each hospital location, and specialized treatment for stroke, as well as a vast array of illness and injury. Whether a patient has an emergency, accident or suffers a traumatic injury, Saint Thomas Health provides holistic care for the body, mind and spirit.

Saint Thomas Health's EDs provide advanced care 24 hours a day, seven days a week with several notable designations:

- Dedicated Chest Pain Center by the Society of Chest Pain Centers
- On call 24 / 7 / 365 Cardiac Interventionalist Physician

- Designated as an Advanced Primary Stroke Center by The Joint Commission
- Dedicated Primary Pediatrics Care

Saint Thomas Emergency Medical Services ("STEMS") offers emergency medical transportation services in the Middle Tennessee area. STEMS has critical care paramedics for safe and reliable ALS transport of critically ill patients. STEMS also provides quality medical coverage at sporting events (such as Titans NFL football and local high school football games), concerts at L.P. Field, CMA Music Festival, graduations, and more.

In Brentwood, adjacent to the proposed Satellite ED, Saint Thomas Health is the majority owner of Middle Tennessee Imaging, LLC ("MTI"), a/k/a Premier Radiology Brentwood. This full-service imaging center provides x-ray, ultrasound, CT, MRI, bone densitometry, cardiac calcium scoring CT, coronary CTA, lung screening CT, mammography, PAD screening, pain management and wellness imaging.

PROPOSED SERVICES AND EQUIPMENT: Midtown Hospital is not proposing any new services or CON reviewable equipment. As described more fully in the need section below, this project is to add eight Satellite Emergency Department treatment rooms (including one "flex" psychiatric room and one trauma room) in Brentwood to the existing 25 treatment rooms and 11 "fast track" rooms at Midtown Hospital and the 29 treatment rooms at West Hospital. Additionally, one existing ambulance and crew will be reassigned from the STEMS fleet to the Brentwood Satellite ED. 24/7 imaging services will be provided under contract by MTI/Premier Radiology Brentwood.

OWNERSHIP STRUCTURE: Midtown Hospital is a member of Nashville-based Saint Thomas Health, which is part of Ascension Health. Ascension Health is a Catholic organization that is the largest not-for-profit health system in the United States. Other members of Saint Thomas Health include Saint Thomas West Hospital in Nashville, Saint Thomas Rutherford Hospital in Murfreesboro and Saint Thomas Hickman Hospital in Centerville. In Brentwood, Saint Thomas Health is the majority owner of Middle Tennessee Imaging, LLC ("MTI"). The proposed project will not result in a change in ownership structure.

SERVICE AREA: Davidson and Williamson counties are the top two inpatient referral sources for both Midtown Hospital and West Hospital. Based on historical patient origin data and area driving distances/times, Midtown Hospital's service area for this Satellite ED project is comprised of nine zip codes (including three with post office boxes only) primarily in Davidson and Williamson counties.

37024 – PO Boxes in 37027	37027 – Brentwood/Nashville	37064 – Franklin
37065 – PO Boxes in 37064	37067 – Franklin	37068 – PO Boxes in 37064
37069 – Franklin	37135 – Nolensville	37179 – Thompson's Station

Midtown Hospital and West Hospital also draw 29.7% of their Williamson County ED patients from another four zip codes in the Williamson County area – 37014, 37046, 37062 and 38476. However, due to location and road access, these zip codes are not expected to result in many referrals to the proposed Brentwood Satellite ED.

NEED: The proposed Satellite ED is in full alignment with Saint Thomas Health's long term goal of accountable care in partnership with MissionPoint Health Partners. Rather than traveling to downtown, urban Nashville for treatment, this project brings convenient, accessible healthcare services to Middle Tennessee communities so patients can receive healthcare closer to where they live and work. Specific needs include:

- Better meet community demand for emergency services – Population growth from 2014 to 2019 in Davidson and Williamson counties will generate demand for 15 additional treatment rooms at the same time that West Hospital will lose two treatment rooms to provide space for a CT scanner and TriStar Centennial Medical Center will reduce its treatment rooms by four.

- Reduce high utilization of existing ED treatment rooms – Both Midtown Hospital and West Hospital have very active emergency services today. Rather than expanding for the future on site at the existing downtown hospitals, a satellite ED location will better distribute vital resources throughout the service area.

- Improve patient flow and operational efficiency – By adding ED capacity to the healthcare delivery system, this Satellite ED project will help improve patient treatment times for Davidson and Williamson county residents whether they seek care locally or now travel to Midtown Hospital and West Hospital.

- Improve quality of care – With emergency services, every minute counts. Saint Thomas Health and its emergency services team members seek to bring their experience and expertise closer to the patient in order to improve the patient experience and outcomes.

PROJECT COST: The total estimated cost of the proposed project is $6,757,172 (actual capital costs of $4,373,972 plus fair market value land lease payments of $2,383,200). Project costs include $2,477,683 for new construction (plus $208,125 for related site work) of 9,250 square feet of space. Construction cost per square foot is $268 ($290 with related site work). The cost per square foot is reasonable when compared to other Tennessee projects and is discussed later in the application.

FUNDING: Midtown Hospital will fund the project through centralized and unrestricted cash reserves held by Saint Thomas Health.

FINANCIAL FEASIBILITY: Midtown Hospital expects that construction will be completed and the project will be operational by July 2016. Projections for FY2017 and FY2018 indicate that the project is financially feasible. As explained below, this project is being proposed in order to improve access to care and quality of care without increasing charges to government and third-party payors.

STAFFING: This project will be staffed with the assistance of the 39 existing board-certified emergency medicine physician groups now providing services at Midtown Hospital and West Hospital. This project will require only a modest increase in total staff, approximately 30.3 new FTEs. Saint Thomas Health's salaries and wages are competitive with the market. Saint Thomas Health has a history of successfully recruiting and retaining professional and administrative staff.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

RESPONSE: This project involves construction of 9,250 square feet of new space, to be connected to an existing, affiliated imaging center – Premier Radiology Brentwood (CN1203-014A). Eight emergency department treatment rooms will be created, including one including one "flex" psychiatric room and one trauma room. Space will also support one full-time ambulance and crew from Saint Thomas Health's existing fleet.

The total estimated cost of the proposed project is $6,757,172 (actual capital costs of $4,373,972 plus fair market value land lease payments of $2,383,200). Project costs include $2,477,683 for new construction (plus $208,125 for related site work) of 9,250 square feet of space. Construction cost per square foot is $268 ($290 with related site work). The cost per square foot is reasonable when compared to other Tennessee projects and is discussed later in the application.

No temporary relocation is required.

B. Identify the number and type of beds increased, decreased, converted, relocated,designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

RESPONSE: Not applicable. The proposed project does not affect the total bed complement at the hospital.

Square Footage Exhibit

A. Unit/Department	Existing Location	Existing Sq. Ft.	Temporary Location	Proposed Final Location	Proposed Final Sq. Footage			Proposed Final Cost/Sq. Ft.*		
					Renovated	New	Total	Renovated	New	Total
Public Area	N/A	N/A	N/A	791 OHB	N/A	856	856	N/A	$290	$290
Patient Intake Area	N/A	N/A	N/A	791 OHB	N/A	490	490	N/A	$290	$290
Ambulance Entry	N/A	N/A	N/A	791 OHB	N/A	853	853	N/A	$290	$290
Main Clinical Treatment Areas	N/A	N/A	N/A	791 OHB	N/A	2,206	2,206	N/A	$290	$290
Clinical Support Spaces	N/A	N/A	N/A	791 OHB	N/A	2,416	2,416	N/A	$290	$290
Ancillary Support Areas	N/A	N/A	N/A	791 OHB	N/A	845	845	N/A	$290	$290
Staff Support Areas	N/A	N/A	N/A	791 OHB	N/A	710	710	N/A	$290	$290
B. Unit/Dept GSF Sub-Total	**N/A**	**N/A**	**N/A**	**791 OHB**		**8,375**	**8,375**	**N/A**	**$290**	**$290**
C. Mechanical/Electrical GSF	**N/A**	**N/A**	**N/A**	**791 OHB**		**449**	**449**	**N/A**	**$290**	**$290**
D. Circulation/Structure GSF	**N/A**	**N/A**	**N/A**	**791 OHB**		**426**	**426**	**N/A**	**$290**	**$290**
E. Total GSF	**N/A**	**N/A**	**N/A**			**9,250**	**9,250**	**N/A**	**$290**	**$290**

*$268/sq.ft. (excluding site work)

30

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

RESPONSE: Not applicable. Midtown Hospital is not requesting new services or additional pieces of major medical equipment.

D. Describe the need to change location or replace an existing facility.

RESPONSE: This project involves the expansion of Midtown Hospital's existing emergency department services to a second location in Brentwood, Davidson County. It is expected to serve patients primarily from portions of Davidson and Williamson counties.

Renovating and enlarging the existing emergency departments at either Midtown Hospital or West Hospital is not a more viable option. Although major construction is now taking place at West Hospital, two emergency department treatment rooms are being lost to provide space for a CT scanner. As both downtown Nashville campuses become increasingly crowded, Saint Thomas Health has been actively pursuing a strategy of moving outpatient services into other areas of the surrounding communities. This is evidenced generally by the development of outpatient diagnostic services.

Emergency services are an essential hospital responsibility to the community. This proposal will enhance Saint Thomas Health's current service line by expanding emergency department capacity off the main hospital campus. This will accomplish two important goals. First, it will decompress services already limited by space constraints in downtown Nashville. Second, it will bring services closer to the communities where Midtown Hospital's patients now work and reside. This is vitally important for emergency services where ever minute counts.

With regard to this particular project, Saint Thomas Health is the majority owner of MTI's adjacent Premier Radiology Brentwood imaging center. Rather than duplicating expensive CT and MRI services at the proposed Satellite ED, Saint Thomas Health will expand existing imaging center hours of operation to 24/7 and thus save millions of dollars in duplicate equipment and construction costs.

Thus, this project addresses the site deficiencies of both Midtown Hospital's and West Hospital's existing downtown campuses and does so in a cost-effective approach by leveraging existing imaging services in Brentwood.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):

   a. Describe the new equipment, including:
      1. Total cost; (As defined by Agency Rule).
      2. Expected useful life;
      3. List of clinical applications to be provided; and
      4. Documentation of FDA approval.

   b. Provide current and proposed schedules of operations.

RESPONSE: Not applicable, as Midtown Hospital is not proposing to acquire any single piece of major medical equipment that exceeds $1.5 million or is a MRI, PET, extracorporeal lithotripter or linear accelerator.

2. For mobile major medical equipment:

   a. List all sites that will be served;
   b. Provide current and/or proposed schedule of operations;
   c. Provide the lease or contract cost.
   d. Provide the fair market value of the equipment; and
   e. List the owner for the equipment.

RESPONSE: Not applicable. No major mobile equipment is proposed.

3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.). In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

RESPONSE: Not applicable. No major equipment is proposed.

III. **(A)** Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include**:

1. Size of site (***in acres***);
2. Location of structure on the site; and
3. Location of the proposed construction.
4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

RESPONSE: Please see **Attachment B, III.(A) (Tab 7)** that depicts the 0.78-acre site.

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

RESPONSE: Midtown Hospital's proposed Satellite ED site is conveniently located at 791 Old Hickory Boulevard, Brentwood, Davidson County, approximately 0.2 miles northeast of Exit 74 on I-65. The site is easily accessible by car. Saint Thomas Health will relocate an ambulance and crew to the site from its existing fleet. As a Satellite ED, patients are not expected to access the site via public transportation. The existing Premier Radiology Brentwood imaging center is adjacent to the proposed site and will provide expanded 24/7 coverage.

Please see **Attachment B, III.(B).1 (Tab 8)** for maps depicting the service area and the thoroughfares that connect Davidson and Williamson counties to the proposed site.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.

RESPONSE: Please see **Attachment B, IV (Tab 9)** for the floor plan schematics.

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;
2. Proposed service area by County;
3. A parent or primary service provider;
4. Existing branches; and
5. Proposed branches.

RESPONSE: Not applicable. The project does not involve a Home Health Agency or Hospice.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

   a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

   RESPONSE: One category is applicable to the project and is addressed below.

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

   RESPONSE: Not applicable. The Midtown Hospital Satellite ED project does not include the addition of beds, services or medical equipment.

2. For relocation or replacement of an existing licensed health care institution:

   a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

   b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

   RESPONSE: Not applicable. The Midtown Hospital Satellite ED project does not include the relocation or replacement of an existing licensed health care institution.

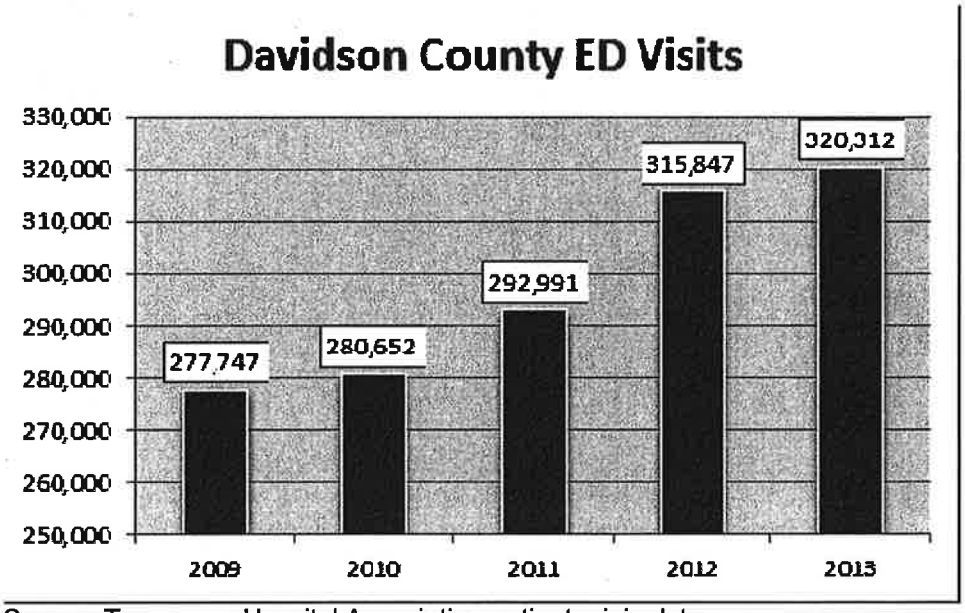
3. For renovation or expansions of an existing licensed health care institution:

   a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

   RESPONSE: As illustrated below, Tennessee Hospital Association patient origin data indicate that emergency department visits have increased significantly throughout the proposed service area the past five years from 2009 to 2013.

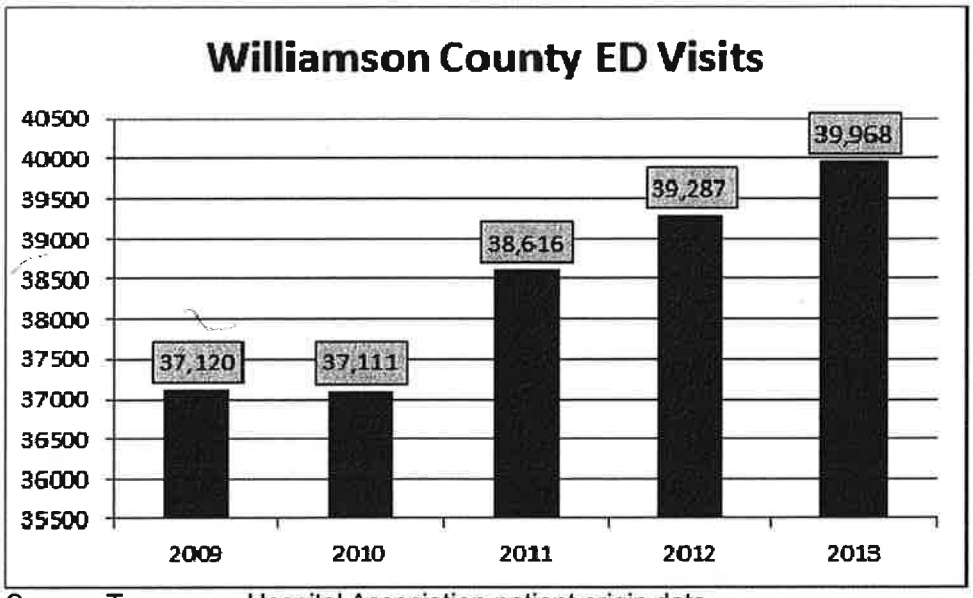
   - Davidson County – 42,565 visits or 15.3%
   - Williamson County – 2,848 visits or 7.7%
   - 9 Zip Code Area – 2,695 visits or 8.5%

Exhibit 1



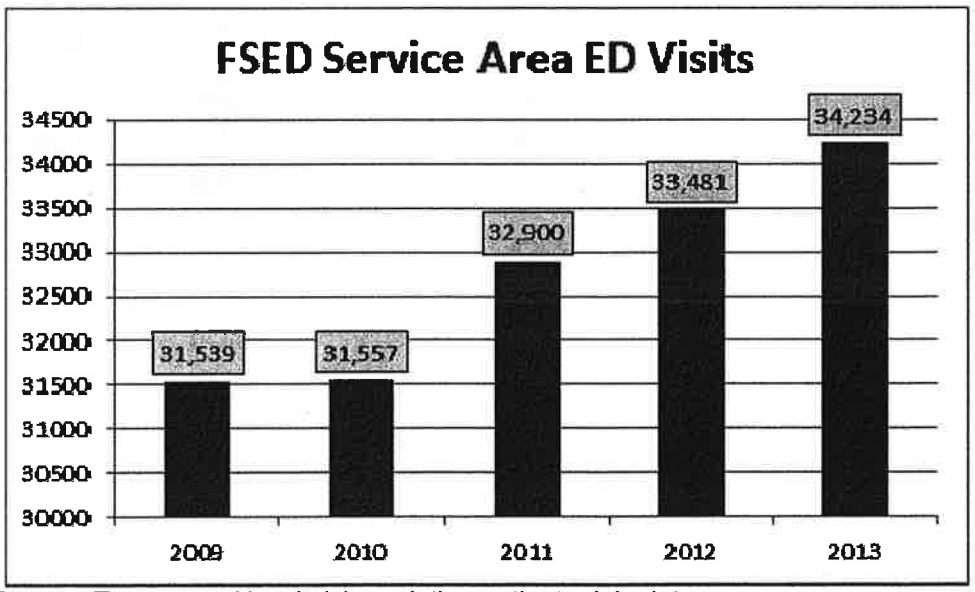
Source: Tennessee Hospital Association patient origin data

Exhibit 2



Source: Tennessee Hospital Association patient origin data

Exhibit 3



Source: Tennessee Hospital Association patient origin data

This robust growth in emergency department visits is projected to continue the next five years as well, from 2014 to 2019.

Based upon age cohort ED use rates for 2013, utilization within Williamson County is less than half that within the adjacent counties of Davidson and Maury as well as for the state of Tennessee overall.

Exhibit 4
ER Visits per 1,000 Population in Williamson County and Surrounding Areas

ER Visits by County and Age Cohort, 2013

Patient County	0-19	20-44	45-64	65+	Total
Davidson	71,337	134,985	74,649	39,951	320,922
Maury	9,878	17,057	9,860	7,075	43,870
Williamson	9,033	11,980	9,655	9,300	39,968
Total	**90,248**	**164,022**	**94,164**	**56,326**	**404,760**
Tennessee	717,489	1,250,214	745,892	533,636	3,247,231

Population by County and Age Cohort, 2013

Patient County	0-19	20-44	45-64	65+	Total
Davidson	161,587	259,218	156,751	71,951	649,507
Maury	21,324	25,982	22,799	11,924	82,029
Williamson	60,393	59,224	56,662	21,766	198,045
Total	**243,304**	**344,424**	**236,212**	**105,641**	**929,581**
Tennessee	1,670,916	2,158,175	1,748,746	950,177	6,528,014

ER Visits per 1,000 Population by County and Age Cohort, 2013

Patient County	0-19	20-44	45-64	65+	Total
Davidson	441.5	520.7	476.2	555.3	494.1
Maury	463.2	656.5	432.5	593.3	534.8
Williamson	149.6	202.3	170.4	427.3	201.8
Total	**370.9**	**476.2**	**398.6**	**533.2**	**435.4**
Tennessee	429.4	579.3	426.5	561.6	497.4

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics (6/13); THA Database 2013 data

Applying the age cohort ED use rates for 2013 to the 2019 projected population suggests that emergency department visits will continue to increase significantly throughout the proposed service area over the next five years from 2014 to 2019.

- Davidson County – 15,616 visits or 4.8%
- Williamson County – 6,245 visits or 15.2%
- Combined 2 Counties – 21,861 visits or 6.0%

Applying the Tennessee age cohort ED use rates for 2013 to the 2019 projected Williamson County population suggests even stronger projected growth – 71,804 visits. While this level of growth does not appear reasonable over so short a period of time, it does reflect the disparity of current ED use rates within Williamson County compared to Davidson and Maury counties and the state of Tennessee overall.

Exhibit 5

Projected Growth in ER Visits in Williamson and Davidson Counties

Projected ER Visits for 2 County Area, 2014 (at 2013 actual county Visits/1,000 rates)

	Ages 0-19			Ages 20-44			Ages 45-64			Ages 65+			Total	
Patient County	**2014 Pop**	**Visits/1,000**	**Proj Visits**	**2014 Pop**	**Visits/1,000**	**Proj Visits**	**2014 Pop**	**Visits/1,000**	**Proj Visits**	**2014 Pop**	**Visits/1,000**	**Proj Visits**	**2014 Pop**	**Proj Visits**
Davidson	164,744	441.5	72,731	259,374	520.7	135,066	157,892	476.2	75,192	74,375	555.3	41,297	656,385	324,286
Williamson	60,980	149.6	9,121	61,497	202.3	12,440	57,418	170.4	9,784	23,028	427.3	9,839	202,923	41,184
Total	225,724	370.9	81,852	320,871	476.2	147,506	215,310	398.6	84,976	97,403	533.2	51,136	**859,308**	**365,470**

Projected ER Visits for 2 County Area, 2019 (at 2013 actual county Visits/1,000 rates)

	Ages 0-19			Ages 20-44			Ages 45-64			Ages 65+			Total	
Patient County	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Proj Visits**
Davidson	180,604	441.5	79,733	255,305	520.7	132,947	163,597	476.2	77,909	88,812	555.3	49,313	688,318	339,902
Williamson	63,833	149.6	9,548	74,423	202.3	15,054	61,525	170.4	10,484	28,889	427.3	12,343	228,670	47,429
Total	244,437	370.9	89,280	329,728	476.2	148,002	225,122	398.6	88,393	117,701	533.2	61,657	**916,988**	**387,331**
Williamson at TN Use Rate	*63,833*	*429.4*	*27,410*	*74,423*	*579.3*	*43,113*	*61,525*	*426.5*	*26,240*	*28,889*	*561.6*	*16,224*	*228,670*	*112,988*

Change in Projected Population and ER Visits for 2 County Area, 2014 - 2019

	Ages 0-19			Ages 20-44			Ages 45-64			Ages 65+			Total	
Patient County	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Visits/1,000**	**Proj Visits**	**2019 Pop**	**Proj Visits**
Davidson	15,860		7,002	-4,069		-2,119	5,705		2,717	14,437		8,016	31,933	15,616
Williamson	2,853		427	12,926		2,615	4,107		700	5,861		2,504	25,747	6,245
Total	18,713		7,429	8,857		496	9,812		3,417	20,298		10,520	**57,680**	**21,861**
Williamson at TN Use Rate	*2,853*		*18,289*	*12,926*		*30,673*	*4,107*		*16,457*	*5,861*		*6,385*	*25,747*	*71,804*

Percent Change in Projected Population and ER Visits for 2 County Area, 2014 - 2019

	Ages 0-19			Ages 20-44			Ages 45-64			Ages 65+			Total		Annual
Patient County	**Proj Pop**	**Visits/1,000**	**Proj Visits**	**Proj Pop**	**Visits/1,000**	**Proj Visits**	**Proj Pop**	**Visits/1,000**	**Proj Visits**	**Proj Pop**	**Visits/1,000**	**Proj Visits**	**Proj Pop**	**Proj Visits**	**Proj Visits**
Davidson	9.6%		9.6%	-1.6%		-1.6%	3.6%		3.6%	19.4%		19.4%	4.9%	4.8%	0.9%
Williamson	4.7%		4.7%	21.0%		21.0%	7.2%		7.2%	25.5%		25.5%	12.7%	15.2%	2.9%
Total	8.3%		9.1%	2.8%		0.3%	4.6%		4.0%	20.8%		20.6%	6.7%	6.0%	1.2%
Williamson at TN Use Rate	*4.7%*		*200.5%*	*21.0%*		*246.6%*	*7.2%*		*168.2%*	*25.5%*		*64.9%*	*12.7%*	*174.4%*	*22.4%*

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics (6/13); THA Database 2013 data

38

Within the proposed nine zip code service area, ED visits are projected to increase from 2014 to 2019 at the same rate as Williamson County overall – 2.9% per year. As illustrated below, this is an increase of 6,406 visits.

Exhibit 6
Midtown Hospital 9 Zip Code ED Visit Projections
With Increase From 2013 Baseline

Actual 2013	Projected 2014	Projected 2015	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019
34,234	35,227	36,248	37,300	38,381	39,494	40,640
--	993	2,014	3,066	4,417	5,260	6,406

Based on a standard of 1,500 visits per treatment room per year from the American College of Emergency Physicians, this volume alone is sufficient to support five treatment rooms at 100% utilization or seven treatment rooms at 70% utilization. These treatment room projections would not take any patients away from existing providers and does not consider in-migration from surrounding areas such as other portions of Davidson County.

In summary, population growth alone from 2014 to 2019 is expected to generate demand for an additional 15,616 emergency department visits in Davidson County and 6,245 emergency department visits in Williamson County and (21,861 visits total). At 1,500 visits per treatment room at 100% capacity, population growth will generate demand for 15 additional treatment rooms. West Hospital will lose two treatment rooms to provide space for a CT scanner as part of a previously approved renovation project. TriStar Centennial Medical Center was just approved in October to reduce its treatment rooms by four.

While population growth will generate demand for 15 additional treatment rooms, six existing treatment rooms are coming off line at the same time. Thus, the utilization rates of existing providers in the service area are not expected to experience a negative effect on utilization as a result of Midtown Hospital's project.

b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

RESPONSE: Renovating and expanding the existing emergency departments at either Midtown Hospital or West Hospital is not a more viable option than the proposal here. Although major construction is now taking place at West Hospital, two emergency department treatment rooms are being lost to provide space for a CT scanner. As both downtown Nashville campuses become increasingly crowded, Saint Thomas Health has been actively pursuing a strategy of moving outpatient services into other areas of the surrounding communities.

Emergency services are an essential hospital responsibility to the community. This proposal will enhance Saint Thomas Health's current facility options by expanding emergency department capacity off the main hospital campus. This will accomplish two important goals. First, it will decompress services already limited by space constraints in downtown Nashville. Second, it will bring services closer to the communities where Midtown Hospital's patients now reside. This is vitally important for emergency services where ever minute counts.

Rather than duplicating expensive CT and MRI services at the proposed Satellite ED location, Saint Thomas Health will expand existing imaging center hours of operation to 24/7 at the adjacent Premier Radiology Brentwood imaging center. Saint Thomas Health is the majority owner of this MTI facility. This approach will save millions of dollars by avoiding duplicate equipment and construction costs.

Thus, this project addresses the site deficiencies of both Midtown Hospital's and West Hospital's existing downtown campuses and does so in a cost-effective approach by leveraging existing imaging services in Brentwood.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

RESPONSE: Not applicable. This project does not include a change of site for a health care institution but rather a second, satellite location.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

RESPONSE: For more than 90 years, Midtown Hospital has been devoted to physical, emotional and spiritual healing. Midtown Hospital is among the largest not-for-profit regional tertiary referral hospitals in Middle Tennessee, licensed for 683 acute and rehab care beds. Routine facility planning and refurbishment is a necessary part of maintaining quality hospital services. This is especially critical in such key service lines as emergency care.

The proposed Satellite ED is in full alignment with Saint Thomas Health's long term goal of accountable care in partnership with MissionPoint Health Partners. Rather than traveling to downtown, urban Nashville for treatment, this project brings convenient, accessible healthcare services to Middle Tennessee communities so patients can receive healthcare closer to where they live and work.

This project also is consistent with the following goals of Ascension Health and Midtown Hospital.

- Be a mission-focused, clinically integrated delivery system with a demonstrated ability to deliver high quality, low cost person-centered care.
- Extend the influence of our ministry and serve people more comprehensively in their communities.
- Successful integration will achieve four things: improved outcomes, enhanced patient experience, enhanced provider experience, reduced cost of care.
- Position the ministry to better respond to the unique needs of the communities we serve.

This project is part of Ascension's increased emphasis on delivering care in the most appropriate outpatient setting possible, as close to the patient and community as possible. Innovations in care delivery and reimbursement continue to favor outpatient settings over traditional inpatient-based settings.

These goals are also similar to the Five Principals for Achieving Better Health as articulated in the 2009 State Health Plan.

1. Healthy Lives. This project will improve the health of Tennesseans by bringing life-saving emergency services closer to their community, when every minute counts, as opposed to downtown Nashville.

2. Access to Care. This project will improve access to emergency services for Tennesseans by bringing life-saving emergency services closer to their community, where they live and work, as opposed to downtown Nashville.

3. Economic Efficiencies. Saint Thomas Health is the majority owner of MTI's adjacent Premier Radiology Brentwood imaging center. Rather than duplicating expensive CT and MRI services at the proposed Satellite ED, Saint Thomas Health will expand existing imaging center hours of operation to 24/7 and thus save millions of dollars in duplicate equipment and construction costs.

4. Quality of Care. Midtown Hospital will continue to improve its quality of care through the adoption of best practices and data-driven evaluation. The Satellite ED will rely on the experience and expertise of the 28 emergency department physicians now at Midtown Hospital and the 11 emergency department physicians now at West Hospital to support the Satellite ED. In addition, the Satellite ED will be supported through the basing of one ambulance and crew from STEMS.

5. Health Care Workforce. Midtown Hospital is committed to the recruitment and retention of a sufficient and quality health care workforce. In recent years, Midtown Hospital was named in Modern Healthcare's Best Places to Work in Healthcare and received the Tennessee Nurses Association's Outstanding Employer Award.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

RESPONSE: Based on historical patient origin data, Midtown Hospital's service area for this Satellite ED project is two counties – Davidson and Williamson.

As reported in the hospital's FY2013 patient origin data, this two county area represents 65.2% of Midtown Hospital's total 23,292 inpatient discharges – Davidson 13,574 discharges or 58.3% of total, Williamson 1,609 discharges or 6.9% of total. Davidson and Williamson counties are also the top two inpatient referral sources for both Nashville-based Midtown Hospital and West Hospital.

Similar patient origin referral patterns exist for emergency services as well, according to Tennessee Hospital Association patient origin data.

Exhibit 7
Williamson County Emergency Department Visits
At Saint Thomas Health

	2011	2012	2013
All Williamson Co			
All ED Patients, All Hospitals	38,616	39,287	39,968
Num Hospitals Serving Pats	112	105	112
Williamson Co Only at			
Midtown Hosp	1,341	1,377	1,237
West Hosp	2,607	2,476	2,360
Total	3,948	3,853	3,597
Facility Total (Tennessee)			
Midtown Hosp	46,867	48,613	45,178
West Hosp	31,084	31,552	29,793
Total	77,951	80,165	74,971
Pct Williamson Co			
Midtown Hosp	2.9%	2.8%	2.7%
West Hosp	8.4%	7.8%	7.9%
Total	5.1%	4.8%	4.8%

Source: Tennessee Hospital Association patient origin data

Based on these historical patient origin data and refined further by area driving distances/times, the proposed service area is defined by a subset of zip codes. Midtown Hospital's service area for this Satellite ED project is comprised of nine zip codes (including three with post office boxes only) primarily in Davidson and Williamson counties.

37024 – PO Boxes in 37027	37027 – Brentwood/Nashville	37064 – Franklin
37065 – PO Boxes in 37064	37067 – Franklin	37068 – PO Boxes in 37064
37069 – Franklin	37135 – Nolensville	37179 – Thompson's Station

Midtown Hospital and West Hospital also draw 29.7% of their Williamson County ED patients from another four zip codes in the Williamson County area – 37014, 37046, 37062 and 38476. However, due to location and road access, these zip codes are not expected to result in many visits to the proposed Brentwood Satellite ED.

Accounting for patient in-migration, approximately 10% of patients served are expected to reside outside the nine zip codes identified.

Please see **Attachment C, Need – 3 (Tab 10)** for county and zip code maps related to the service area.

4. A. Describe the demographics of the population to be served by this proposal.

RESPONSE: Midtown Hospital's Satellite ED service area is comprised of nine zip codes primarily within Davidson and Williamson counties.

Between 2014 and 2018, the population of the proposed zip code service area is projected to increase by 6.7%, or by 11,770 residents. This represents an annual growth rate of 1.6% and is greater than the projected growth rate of the state within that same four-year period, which is 0.7% annually, or 3.0% total growth, and twice the rate of growth of the United States as a whole. Please see **EXHIBIT 8,** which illustrates the projected changes in population of the service area between 2014 and 2018 and denotes population growth within the state of Tennessee, and the United States.

EXHIBIT 8
TOTAL POPULATION PROJECTIONS

	Total Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	54,603	58,251	3,648	1.6%	6.7%
37064	51,305	53,957	2,652	1.3%	5.2%
37067	26,341	28,448	2,107	1.9%	8.0%
37069	20,784	21,879	1,095	1.3%	5.3%
37135	10,669	11,816	1,147	2.6%	10.7%
37179	12,081	13,203	1,122	2.2%	9.3%
Total	**175,783**	**187,553**	**11,770**	**1.6%**	**6.7%**
Tennessee	6,531,577	6,728,679	197,102	0.7%	3.0%
United States	317,199,353	326,056,739	8,857,386	0.7%	2.8%

SOURCE: NIELSEN, INC.

The anticipated growth in the 65 and older population within the proposed zip code service area is much greater; nearly four times that of the total growth. Between 2014 and 2018, projections indicate that the senior population will increase 27.7%, or by 5,891 residents. For Tennessee, projections are that the total four-year growth within this age cohort will be 15.2%, for the United States, 14.1%. Because seniors are among the highest users of healthcare services, such an explosive growth rate foretells the need for Midtown Hospital to anticipate increasing demand for services as result of this growth as well as that of the general population. Please see **EXHIBIT 9**.

EXHIBIT 9
65 AND OLDER POPULATION PROJECTIONS

	65+ Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	7,715	9,808	2,093	6.2%	27.1%
37064	6,634	8,128	1,494	5.2%	22.5%
37067	2,755	3,647	892	7.3%	32.4%
37069	2,405	3,165	760	7.1%	31.6%
37135	878	1,183	305	7.7%	34.7%
37179	877	1,224	347	8.7%	39.6%
Total	**21,264**	**27,155**	**5,891**	**6.3%**	**27.7%**
Tennessee	968,443	1,115,625	147,182	3.6%	15.2%
United States	45,157,410	51,545,199	6,387,789	3.4%	14.1%

SOURCE: NIELSEN, INC.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: Midtown Hospital has a history of providing high quality healthcare that is accessible to all segments of the community. It provides services without regard to gender, race, socio-economic status, or ability to pay, and participates in the Medicare and TennCare programs.

In 2014, the 65 and older population will account for 12.1% of the total population in the proposed zip code service area. As a major demographic subgroup of Midtown Hospital's patient base, seniors will continue to expect of Midtown Hospital the same level of service while becoming an increasingly larger segment of the total service area population, with 2018 projections placing the 65 and older population at 14.5% of the total proposed zip code service area population.

The female population will represent 51.4% of the total population in the proposed zip code service area by 2018. As shown in **EXHIBIT 10**, the female population is expected to grow at the same annual rate for both sexes in service area, 1.4% per year.

EXHIBIT 10
FEMALE POPULATION PROJECTIONS

	Female Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	28,136	30,059	1,923	1.7%	6.8%
37064	26,264	27,600	1,336	1.2%	5.1%
37067	13,659	14,754	1,095	1.9%	8.0%
37069	10,651	11,226	575	1.3%	5.4%
37135	5,394	5,981	587	2.6%	10.9%
37179	6,113	6,690	577	2.3%	9.4%
Total	**90,217**	**96,311**	**6,094**	**1.6%**	**6.8%**
Tennessee	3,345,908	3,443,698	97,790	0.7%	2.9%

SOURCE: NIELSEN, INC.

EXHIBITS 11-13 illustrate the racial composition of the Midtown Hospital service area. By 2018, the white population will comprise 85.4% of the total population of the proposed zip code service area, while the black population will account for 6.5% and other races, 8.0%.

EXHIBIT 11
WHITE POPULATION PROJECTIONS

	White Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	47,774	50,139	2,365	1.2%	4.9%
37064	43,329	44,665	1,336	0.8%	3.1%
37067	22,344	23,733	1,389	1.5%	6.2%
37069	19,366	20,173	807	1.0%	4.2%
37135	8,869	9,571	702	1.9%	7.9%
37179	11,020	11,957	937	2.1%	8.5%
Total	**152,702**	**160,237**	**7,535**	**1.2%**	**4.9%**
Tennessee	5,008,888	5,100,159	91,271	0.5%	1.8%
United States	226,254,684	228,884,154	2,629,470	0.3%	1.2%

SOURCE: NIELSEN, INC.

EXHIBIT 12
BLACK POPULATION PROJECTIONS

	Black Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	2,540	3,238	698	6.3%	27.5%
37064	4,248	4,957	709	3.9%	16.7%
37067	1,249	1,594	345	6.3%	27.6%
37069	546	720	174	7.1%	31.8%
37135	852	1,087	235	6.3%	27.6%
37179	538	650	112	4.8%	20.8%
Total	**9,973**	**12,244**	**2,271**	**5.3%**	**22.8%**
Tennessee	1,102,940	1,151,022	48,082	1.1%	4.4%
United States	40,263,108	41,673,503	1,410,395	0.9%	3.5%

SOURCE: NIELSEN, INC.

EXHIBIT 13
"OTHER" POPULATION PROJECTIONS

	Other Population				
Zip Code	**2014**	**2018**	**Abs Chg**	**Ann % Chg**	**Abs % Chg**
37027	4,289	4,858	569	3.2%	13.3%
37064	3,728	4,321	593	3.8%	15.9%
37067	2,748	3,114	366	3.2%	13.3%
37069	872	982	110	3.0%	12.6%
37135	948	1,153	205	5.0%	21.6%
37179	523	595	72	3.3%	13.8%
Total	**13,108**	**15,024**	**1,916**	**3.5%**	**14.6%**
Tennessee	419,749	476,831	57,082	3.2%	13.6%
United States	50,681,561	55,464,705	4,783,144	2.3%	9.4%

SOURCE: NIELSEN, INC.

The service area counties as a whole have a Median Household Incomes higher than the state of Tennessee. Likewise, the annual growth in median household income is higher than that of the state, which remains flat over the period. Please see **EXHIBIT 14.**

EXHIBIT 14
SERVICE AREA MEDIAN HOUSEHOLD INCOME

	Median Household Income	
	2014	**2019**
Davidson	$44,608	$47,370
Williamson	$86,706	$94,370
Total Service Area	**$65,657**	**$70,870**
Tennessee	$43,390	$43,130

SOURCE: NIELSEN, INC.

In terms of the TennCare population, 14.4% of the service area population is enrolled compared to 18.3% for the state overall. Please see **Attachment C, Need – 4 (Tab 11)**.

As a member of Ascension Health, the nation's largest Catholic healthcare system, Midtown Hospital continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole. The goal of Midtown Hospital is to perpetuate the healing mission of the church. Midtown Hospital furthers this goal through delivery of patient services, care to the elderly, indigent, and impoverished persons/families, patient education and health awareness programs for the community, and medical research. Our concern for the human life and dignity of all persons leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay.

Midtown collaborates with many community organizations to improve the community health and expand access to health care including support for the Faith Family Clinic, an independent faith-based clinic for the poor located on the hospital campus at no cost to the clinic. In addition, Midtown continues to be active in networking with other healthcare providers in the Nashville area as part of the Bridges to Care (BTC) program, which links uninsured residents of Nashville to a network of some 35 safety net primary care, dental, mental health, and substance abuse clinics that serve patients based on their ability to pay. The Baptist UT (University of Tennessee) Resident Clinic housed on the Baptist campus is a BTC referral clinic. BTC also provides help with prescription medications and transportation. In the last year, the hospital's Health Ministry has encouraged physician participation in the Bridges to Care program. This program, administered by the Nashville Academy of Medicine, links BTC participants to physician specialists upon referral by their primary care physician. Midtown Hospital provides the appropriate inpatient care services as a participant of this program.

Midtown Hospital also participates in a program developed by Saint Thomas Health to assist in the provision of vital medications to those challenged by poverty called the Dispensary of Hope Program. This program started from a network of physician offices donating sample medications and has evolved to obtaining huge donations of medications from pharmaceutical companies and wholesale distributors. The expansion of the Dispensary as a region-wide program now allows broader and cost effective distribution of medications to persons who are poor through a collaborative network of pharmacies at existing healthcare providers. Medications are shared with safety net clinic sites and the Bridges to Care program, as well as with many of the transplant patients of the hospital who would otherwise not be able to afford costly pharmaceutical post-transplant care. The Dispensary has recently added a 90 day mail supply capability, which greatly expands its ability to respond to those in need.

EXHIBIT 14
SERVICE AREA MEDIAN HOUSEHOLD INCOME

	Median Household Income	
Zip Code	**2014**	**2018**
37027	$106,099	$114,318
37064	$72,892	$78,137
37067	$86,882	$93,404
37069	$99,461	$107,495
37135	$96,875	$106,229
37179	$88,804	$96,560
Total	**$91,836**	**$99,357**
Tennessee	$43,390	$43,182

SOURCE: NIELSEN, INC.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

RESPONSE: Six hospitals control 87.6% of the Williamson County ED visits according to Tennessee Hospital Association 2013 patient origin data.

According to 2013 JAR data, these same six hospitals treated almost 330,000 ED patients in 2013, or 30,004 more than in 2011. Since ED treatment rooms are not reported on the JAR, utilization by room cannot be calculated. However, average annual growth of 4.9% suggests strong demand for ED services.

Exhibit 15
ED Utilization Trends Among Market Share Leaders

	2011	2012	2013	Annual Growth
Williamson Medical Center	35,396	37,716	36,176	1.1%
Vanderbilt University Hospital	109,987	114,051	119,225	4.1%
Saint Thomas West Hospital	33,637	33,490	33,006	-0.9%
TriStar Centennial Medical Center	34,534	38,774	48,146	18.1%
Saint Thomas Midtown Hospital	50,050	52,064	51,643	1.6%
TriStar Southern Hills Medical Center	36,083	40,632	41,495	7.2%
Total	299,687	316,727	329,691	4.9%

Source: Joint Annual Reports for Hospitals

Despite this growth, West Hospital will lose two treatment rooms to provide space for a CT scanner as part of a major renovation project. TriStar Centennial Medical Center was just approved in October to reduce its treatment rooms by four.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: As indicated below, both Midtown Hospital and West Hospital serve approximately 85,000 emergency department patients annually with 65 treatment rooms. Planning guidelines from the American College of Emergency Physicians ("ACEP") recommend 1,500 patients per treatment room per year. At this level, Saint Thomas Health operated at above 85% capacity while Midtown Hospital operated above 95% capacity.

Exhibit 16
STH ED Patient Utilization Trends

	Historical			Interim		Year 1	Year 2
	2011	2012	2013	2014	2015	2016	2013
Saint Thomas Midtown							
Patients Treated	50,050	52,064	51,643	51,939	52,237	52,536	52,837
ED Treatment Rooms*	36	36	36	36	36	36	36
ACEP Capacity @1,500	54,000	54,000	54,000	54,000	54,000	54,000	54,000
Utilization	92.7%	96.4%	95.6%	96.2%	96.7%	97.3%	97.8%
Saint Thomas West							
Patients Treated	33,637	33,490	33,006	33,195	33,385	33,576	33,768
ED Treatment Rooms**	29	29	29	29	27	27	27
ACEP Capacity @1,500	43,500	43,500	43,500	43,500	40,500	40,500	40,500
Utilization	77.3%	77.0%	75.9%	76.3%	82.4%	82.9%	83.4%
Combined							
Patients Treated	83,687	85,554	84,649	85,134	85,622	86,112	86,605
ED Treatment Rooms	65	65	65	65	63	63	63
ACEP Capacity @1,500	97,500	97,500	97,500	97,500	94,500	94,500	94,500
Utilization	85.8%	87.7%	86.8%	87.3%	90.6%	91.1%	91.6%

Asumption: ED visits will increase at the same annual rate as 2011-2013 for the system -- 0.573%
*Includes 11 "Fast Track" rooms
** 2 rooms lost for CT placement
Source: Joint Annual Reports for Hospitals

Projections are based on actual system growth from 2011 to 2013, a very conservative 0.573% per year and well under projected population growth.

In addition, West Hospital will soon lose two treatment rooms to make space available for a CT scanner in the emergency department. With this loss, and only very minimal projected volume growth, the emergency departments are projected to function at over 90% of capacity overall and over 97% of capacity at Midtown Hospital.

Detailed projections for the Satellite ED's nine zip code service area were presented previously in the need section. The results are presented here, again, for reference.

Exhibit 17
Midtown Hospital 9 Zip Code ED Visit Projections
With Increase From 2013 Baseline

Actual 2013	Projected 2014	Projected 2015	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019
34,234	35,227	36,248	37,300	38,381	39,494	40,640
--	993	2,014	3,066	4,417	5,260	6,406

As indicated above, demand for ED visits is expected to increase by 3,066 in 2016 and 4,417 in 2017 due to population growth alone when current age cohort use rates are applied.

Saint Thomas Health already served 2,527 ED patients from the nine zip code service area in 2013 and 3,597 from all of Williamson County. Serving 15% of the ED patient population in Year 1 is not unrealistic given Saint Thomas Health's current ED patient base plus projected service area population increases (2,527 + 3,066 = 5,593 versus 37,300 x 15% = 5,595). Furthermore, Midtown Hospital can achieve its projected patient volumes with little or no adverse impact on existing providers.

Exhibit 18
Midtown Hospital Satellite ED Visit Projections

	Year 1 2016	Year 2 2017
Service Area ED Patients	37,300	38,381
STH Market Share	15%	20%
Satellite ED Patients	5,595	7,672
In-Migration	10%	10%
Total Satellite ED Patients	6,155	8,439
Treatment Rooms	8	8
ACEP Capacity @1,500	12,000	12,000
Utilization	51.3%	70.3%

Redirecting existing ED patients from Midtown Hospital and West Hospital to the Satellite ED would also relieve very high utilization at the Saint Thomas Health hospitals.

In conclusion, the Satellite ED can be expected to achieve 70% utilization by its second year of operation. The Saint Thomas Health hospital EDs will remain at approximately 90% utilization even if existing patients shift to the Satellite ED.

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

   - All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)
   - The cost of any lease (building, land and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. NOTE: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.
   - The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
   - For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

   RESPONSE: The CON filing fee is calculated at a rate of $2.25 per $1,000 of project costs as reported on Line D.

   Moveable equipment in Line A.8, over $50,000, includes a lab chemistry analyzer.

   This project involves a ground lease for the site. The sum of the lease payments over the initial 15 year term totals $2,383,200. This amounts to $3,055,385 on a per acre basis. As an approximation of purchase value, the adjacent MTI site was purchased in 2012 at a cost of $1,319,444 per acre. For CON valuation purchases, the sum of the lease payments is the higher of the two values and was used in the Project Costs Chart.

   Please see **Attachment C, Economic Feasibility – 1 (Tab 12)** for a letter supporting the construction costs.

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	$327,811
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$117,145
3.	Acquisition of Site	
4.	Preparation of Site	$208,125
5.	Construction Costs	$2,477,683
6.	Contingency Fund (Owner's Contingency)	$134,290
7.	Fixed Equipment (Not included in Construction Contract)	$402,871
8.	Moveable Equipment (Lab chemistry equipment $105,000)	$268,581
9.	Other (Furnishings, signage, computers, etc.)	$422,296
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	
2.	Building only	
3.	Land only	$2,383,200
4.	Equipment (Specify) _____	
5.	Other (Specify) _____	
C.	Financing Costs and Fees:	
1.	Interim Financing	
2.	Underwriting Costs	
3.	Reserve for One Year's Debt Service	
4.	Other (Specify)	
D.	Estimated Project Cost (A+B+C)	$6,742,002
E.	CON Filing Fee	$15,170
F.	Total Estimated Project Cost (D+E)	$6,757,172
	TOTAL	$6,757,172

Actual Capital Costs	$4,373,972
FMV Land Lease Payments	$2,383,200

2. Identify the funding sources for this project.
Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

___ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

___ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

___ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

___ D. Grants--Notification of intent form for grant application or notice of grant award; or

_X_ E. Cash Reserves **(See Letter - Tab 13; See Cash line - Tab 15, Page 3)**

___ F. Other—Identify and document funding from all other sources.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

RESPONSE: At an average construction cost of $268 ($290 with related site work) per square foot, this project is comparable to other recently approved Tennessee CON projects. In fact, it falls at the median value for new construction. **Exhibit 19**, below, lists the average hospital construction cost per square foot for all CON-approved applications for years 2011 through 2013.

EXHIBIT 19
HOSPITAL CONSTRUCTION COST PER SQUARE FOOT
APPROVED PROJECTS, 2011 - 2013

	Renovated Construction	New Construction	Total Construction
1st Quartile	$107.15/sq ft	$235.00/sq ft	$151.56/sq ft
Median	$179.00/sq ft	$274.63/sq ft	$227.88/sq ft
3rd Quartile	$249.00/sq ft	$324.00/sq ft	$274.63/sq ft

Source: Tennessee HSDA

SUPPLEMENTAL

4. Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

   RESPONSE: Please refer to the completed hospital-wide charts on the four following pages.

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

   RESPONSE: Based on Year 2 projections (FY2018), the average gross patient charge per emergency department visit is $2,482. The average deduction from gross patient charges, based on contractual allowances and allowances for charity care and bad debt, is approximately 80%, resulting in average net revenue per visit of approximately $484.

SUPPLEMENTAL #1
December 29, 2014
11:48 am

HISTORICAL DATA CHART - Midtown, All Services

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July. (Dollars reported in thousands, entire hospital)

		Fiscal Yr 2012	Fiscal Yr 2013	Fiscal Yr 2014
A.	Utilization Data (Patient Days)	112,163	110,408	100,820
B.	Revenue from Services to Patients			
1.	Inpatient Services	$780,339	$862,034	$881,742
2.	Outpatient Services	408,992	399,432	379,702
3.	Emergency Services	71,046	69,385	81,950
4.	Other Operating Revenue (Specify) - Misc.	29,405	27,821	20,297
	Gross Operating Revenue	$1,289,782	$1,358,672	$1,363,691
C.	Deductions from Gross Operating Revenue			
1.	Contractual Adjustments	$806,267	$883,666	$897,978
2.	Provision for Charity Care	53,683	36,117	47,790
3.	Provisions for Bad Debt	9,962	21,308	9,069
	Total Deductions	$869,913	$941,090	$954,837
NET OPERATING REVENUE		$419,869	$417,582	$408,854
D.	Operating Expenses			
1.	Salaries and Wages	$133,380	$127,496	$115,142
2.	Physician's Salaries and Wages	0	0	0
3.	Supplies	74,598	77,106	77,183
4.	Taxes	0	0	0
5.	Depreciation	16,425	16,627	13,674
6.	Rent	0	0	0

7. Interest, other than Capital	9,195	8,524	7,777
8. Management Fees:			
a. Fees to Affiliates	0	0	0
b. Fees to Non-Affiliates	0	0	0
9. Other Expenses (See details below)	152,984	150,771	153,156
Total Operating Expenses	$386,582	$380,524	$366,932
E. Other Revenue (Expenses) - Net (Specify)	$0	$0	$0
NET OPERATING INCOME (LOSS)	$33,286	$37,058	$41,922
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest			
Total Capital Expenditures	$0	$0	$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$33,286	$37,058	$41,922

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Fiscal Yr 2012	Fiscal Yr 2013	Fiscal Yr 2014
1. Purchased Services	$34,902	$34,181	$34,625
2. Professional Fees	10,955	9,588	8,895
3. Miscellaneous	107,127	107,002	109,636
4.			
5.			
6.			
7.			
Total Other Expenses	**$152,984**	**$150,771**	**$153,156**

HISTORICAL DATA CHART - Midtown Hospital, ED Only

Give us information for the last three (3) years for which complete are available for the facility or agency. The fiscal year begins in July.

		FY 2012	FY 2013	FY 2014
A.	Utilization Data (ER Visits)	51,980	51,625	48,803
B.	Revenue from Services to Patients			
1.	Inpatient Services	$278,959,727	$277,054,558	$237,528,651
2.	Outpatient Services	$36,599,395	36,349,438	37,944,093
3.	Emergency Services	$82,508,108	81,944,615	78,073,928
4.	Other Operating Revenue (Specify)			
	Gross Operating Revenue	$398,067,231	$395,348,611	$353,546,672
C.	Deductions from Gross Operating Revenue			
1.	Contractual Adjustments	$268,095,776	$266,264,803	$239,954,098
2.	Provision for Charity Care	$14,421,762	$14,323,268	$12,907,928
3.	Provisions for Bad Debt	$5,626,960	$5,588,530	$5,036,305
	Total Deductions	$288,144,498	$286,176,601	$257,898,330
NET OPERATING REVENUE		$109,922,733	$109,172,010	$95,648,342
D.	Operating Expenses			
1.	Salaries and Wages	$34,180,978	$33,947,538	$29,296,907
2.	Physician's Salaries and Wages			
3.	Supplies	$20,542,417	$20,402,122	$17,607,141
4.	Taxes			
5.	Depreciation	$3,639,480	$3,614,624	$3,119,440
6.	Rent			
7.	Interest, other than Capital			
8.	Other Expenses (Specify: Lab, Pharmacy, Other)	$39,297,062	$39,028,681	$33,681,961
	Total Operating Expenses	$97,659,938	$96,992,965	$83,705,449

SUPPLEMENTAL

E.	Other Revenue (Expenses) – Net (Specify)			
NET OPERATING INCOME (LOSS)		$12,262,794	$12,179,045	$11,942,893
F.	Capital Expenditures			
	1. Retirement of Principal			
	2. Interest			
	Total Capital Expenditures			
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$12,262,794	$12,179,045	$11,942,893

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

PROJECTED DATA CHART - Midtwon Satellite ED

Give us information for the two (2) years following the completion of this proposal. The fiscal year begins in July.

		Fiscal Yr 2017	Fiscal Yr 2018
A.	Utilization Data (ER Visits)	6,155	8,439
B.	Revenue from Services to Patients		
1.	Inpatient Services		
2.	Outpatient Services		
3.	Emergency Services	$14,833,550	$20,945,598
4.	Other Operating Revenue (Specify)		
	Gross Operating Revenue	$14,833,550	$20,945,598
C.	Deductions from Gross Operating Revenue		
1.	Contractual Adjustments	$11,039,222	$15,701,344
2.	Provision for Charity Care	$592,869	$843,252
3.	Provisions for Bad Debt	$225,290	$320,436
	Total Deductions	$11,857,381	$16,865,031
NET OPERATING REVENUE		$2,976,169	$4,080,567
D.	Operating Expenses		
1.	Salaries and Wages	$1,624,920	$2,223,957
2.	Physician's Salaries and Wages		
3.	Supplies	$474,477	$650,546
4.	Taxes		
5.	Depreciation	$205,745	$209,860
6.	Rent	144,000	144,000

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

7.	Interest, other than Capital		
8.	Management Fees:		
	a. Fees to Affiliates	0	0
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (See details below)	$609,680	$742,884
	Total Operating Expenses	$3,058,822	$3,971,248
E.	Other Revenue (Expenses) -- Net (Specify)		
NET OPERATING INCOME (LOSS)		($82,653)	$109,319
F.	Capital Expenditures		
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures	$0	$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		($82,653)	$109,319

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	**Fiscal Yr 2017**	**Fiscal Yr 2018**
1. Purchased Services	$344,680	$472,584
2. Technology Expense	$50,000	$51,000
3. Miscellaneous	$215,000	$219,300
4.		
5.		
6.		
7.		
Total Other Expenses	**$609,680**	**$742,884**

SUPPLEMENTAL #1
December 29, 2014
11:48 am

PROJECTED DATA CHART - Midtown, All Services

Give us information for the two (2) years following the completion of this proposal. The fiscal year begins in July. (Dollars reported in thousands)

		Fiscal Yr 2017	Fiscal Yr 2018
A.	Utilization Data (Patient Days)	101,021	101,171
B.	Revenue from Services to Patients		
1.	Inpatient Services	$1,000,893	$1,002,379
2.	Outpatient Services	$408,997	$409,604
3.	Emergency Services	$91,021	$91,526
4.	Other Operating Revenue (Specify)	$22,209	$22,242
	Gross Operating Revenue	$1,523,120	$1,525,751
C.	Deductions from Gross Operating Revenue		
1.	Contractual Adjustments	$1,020,434	$1,022,029
2.	Provision for Charity Care	$36,612	$36,664
3.	Provisions for Bad Debt	$26,286	$26,325
	Total Deductions	$1,083,333	$1,085,018
NET OPERATING REVENUE		$439,787	$440,733
D.	Operating Expenses		
1.	Salaries and Wages	$133,243	$133,468
2.	Physician's Salaries and Wages		
3.	Supplies	$83,330	$83,461
4.	Taxes		
5.	Depreciation	$17,799	$17,829
6.	Rent		

SUPPLEMENTAL #1
December 29, 2014
11:48 am

7.	Interest, other than Capital	$9,287	$9,301
8.	Management Fees:		
	a. Fees to Affiliates	0	0
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (See details below)	$152,644	$153,125
	Total Operating Expenses	$396,304	$397,184
E.	Other Revenue (Expenses) -- Net (Specify)	$0	$0
NET OPERATING INCOME (LOSS)		$43,483	$43,549
F.	Capital Expenditures		
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures	$0	$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$43,483	$43,549

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	**Fiscal Yr 2017**	**Fiscal Yr 2018**
1. Purchased Services	$32,208	$32,616
2. Professional Fees	$9,464	$9,341
3. Miscellaneous	$110,973	$111,168
4.		
5.		
6.		
7.		
Total Other Expenses	**$152,644**	**$153,125**

SUPPLEMENTAL

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

RESPONSE: Midtown Hospital presents the current and projected charges for an emergency department visit in **Exhibit 20**. An annual increase of 3% between FY2014 and Year 1 of the project, FY2017, is projected. Afterwards, the hospital assumes that charges will increase by 3% annually. As demonstrated in **Exhibit 21**, Midtown Hospital's emergency department charges compare favorably with other providers in Nashville.

EXHIBIT 20
MIDTOWN HOSPITAL EMERGENCY DEPARTMENT, HOSPITAL-BASED AND SATELLITE
AVERAGE GROSS CHARGE PER VISIT, CURRENT AND PROJECTED

	Current	FY2017	FY2018
Gross Charge	$2,205	$2,410	$2,482
Adjustment	$1,818	$1,926	$1,998
Net Revenue	$387	$484	$484

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: Comparison charge data for emergency department visits is very limited. To compare its charges with similar facilities, Midtown Hospital relied upon Medicare data from the American Hospital Directory (AHD) or ahd.com, as a source. Midtown Hospital profiled six area hospitals serving Davidson and Williamson counties from the AHD database.

Average charges per visit ranged from a low of $478 to a high of $1,443 with Midtown Hospital at $1,144. However, service mix indexes, a measure of patient severity, ranged from a low of 2.09 to a high of 4.64 with Midtown Hospital at 3.91. Adjusting the average charge by the service mix index resulted in a range of charges from a low of $155 to a high of $318 with Midtown Hospital at $293. Please see **Exhibit 21**, which profiles the emergency department average charge data for the area hospitals.

EXHIBIT 21
NASHVILLE AREA HOSPITALS
2013 AVERAGE GROSS CHARGE AND ACUITY PER MEDICARE EMERGENCY ROOM VISIT
MEDICARE CLAIMS DATA FOR CALENDAR YEAR ENDING 12/31/2013 (FINAL RULE OPPS)

Service - Emergency Room	Patient Claims	Units of Service	Average Charge	Service Mix Index	Svc Mix Adjusted Avg Charge to 1.00
Saint Thomas Midtown Hosp	4,145	4,146	$1,144	3.91	$293
Saint Thomas West Hosp	5,001	5,002	$1,147	3.78	$303
Williamson Med Ctr	5,416	5,527	$478	3.08	$155
Vanderbilt Univ Hosps	6,082	6,091	$1,443	4.64	$311
TriStar Centennial Med Ctr	7,520	7,891	$665	2.09	$318
TriStar Southern Hills Med Ctr	4,736	5,014	$644	2.13	$302

Source: American Hospital Directory, ahd.com

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

RESPONSE: Midtown Hospital is already financially feasible. Emergency services are an essential hospital responsibility to the community. This proposal will enhance Saint Thomas Health's current service line by expanding emergency department capacity off the main hospital campus. This will accomplish two important goals. First, it will decompress services already limited by space constraints in downtown Nashville. Second, it will bring services closer to the communities where Midtown Hospital's patients now work and reside. This is vitally important for emergency services where ever minute counts. As indicated in the Projected Data Chart, projected utilization will be sufficient to continue to allow Midtown Hospital to operate efficiently and effectively.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

RESPONSE: As indicated in the Projected Data Chart, projected cash flow will ensure financial viability within two years and over the long-term.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

RESPONSE: Midtown Hospital currently participates in both the Medicare and TennCare/Medicaid programs and has a history of providing care regardless of payor source. Using 2013 Joint Annual Report data, Midtown Hospital had an estimated payor mix (based on gross charges) that was 39.5% Medicare, 10.9% Medicaid/TennCare and 4.3% self pay. Additionally, based on the 2013 JAR, Midtown provided $36,116,714 in care to charity/medically indigent patients (accounting for 9.3% of net patient charges of $388,860,628). During the first year of operation, Midtown Hospital's payor mix is anticipated to be 39.5% Medicare and 10.9% Medicaid/TennCare. This amounts to approximately $601,412,834 in Medicare gross charges in Year 1 and $165,308,670

Medicaid/TennCare gross charges in Year 1. In addition, Midtown Hospital proposes to provide $36,612,000 in charity care in Year 1.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

RESPONSE: Please see **Attachment C, Economic Feasibility – 10 (Tabs 14 and 15)**.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

RESPONSE: Although studied, Saint Thomas Health did not consider renovating and enlarging the existing emergency departments at either Midtown Hospital or West Hospital to be a more viable option. Although major construction is now taking place at West Hospital, two emergency department treatment rooms are being lost to provide space for a CT scanner. As both downtown Nashville campuses become increasingly crowded, Saint Thomas Health has been actively pursuing a strategy of moving outpatient services into other areas of the surrounding communities. This is evidenced generally by the development of outpatient diagnostic services.

In particular, with regard to this project, Saint Thomas Health is the majority owner of MTI's adjacent Premier Radiology Brentwood imaging center. Rather than duplicating expensive CT and MRI services at the proposed Satellite ED, Saint Thomas Health will expand existing imaging center hours of operation to 24/7 and thus save millions of dollars in duplicate equipment and construction costs.

Thus, this project addresses the site deficiencies of both Midtown Hospital's and West Hospital's existing downtown campuses and does so in a cost-effective approach by leveraging existing imaging services in Brentwood.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

RESPONSE: As discussed above, modernization of the existing emergency departments in downtown Nashville was not considered a more viable alternative. Although major construction is now taking place at West Hospital, two emergency department treatment rooms are being lost to provide space for a CT scanner. As both downtown Nashville campuses become increasingly crowded, Saint Thomas Health has been actively pursuing a strategy of moving outpatient services into other areas of the surrounding communities.

Instead, this project will utilize a sharing arrangement with an adjacent imaging center to reduce the amount of new construction that would have been required otherwise. Saint

Thomas Health is the majority owner of MTI's adjacent Premier Radiology Brentwood imaging center. Rather than duplicating expensive CT and MRI services and new construction at the proposed Satellite ED, Saint Thomas Health will expand existing imaging center hours of operation to 24/7 and thus save millions of dollars in duplicate equipment and construction costs.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

RESPONSE: As a member of Saint Thomas Health, Midtown Hospital is a member of an integrated healthcare system of four hospitals. Additionally, Midtown Hospital has many active relationship and several formal agreements in place to provide for seamless care of its patients, including:

Managed Care Contracts

- Aetna / US Healthcare
- Aetna Institutes of Quality Bariatric Surgery Facility
- Aetna Institutes of Quality Orthopedic Care
- Alive Hospice
- UnitedHealthcare Community Plan (f/k/a Americhoice)
- AMERIGROUP Community Care
- Avalon Hospice
- Beech
- BC/BS of TN
- CCN
- Blue Distinction Center for Bariatric Surgery
- Blue Distinction Center for Knee and Hip Replacement
- Blue Distinction Center for Spine Surgery
- Bluegrass Family Health
- CenterCare Managed Care Programs
- Cigna Healthplan
- CorVel Corporation
- Coventry Health Care
- Division of Rehabilitation Services
- First Health
- FOCUS Healthcare Management
- Great West
- HealthMarkets Care Assured
- Health Payors Organization, Ltd. / Interplan Healthgroup
- HealthSpring
- Humana Health Care Plans
- KY Medicaid
- MultiPlan
- NovaNet
- OccuComp
- Odyssey Healthcare
- Prime Health
- Private Healthcare Systems, Ltd.
- Pyramid Life - Today's Options
- Signature Health Alliance
- Southern Benefit Administrators, Inc.
- Starbridge Choice
- Sterling Healthcare

- TriCare for Life
- TRICARE North
- TRICARE South
- United Healthcare
- UnitedHealthcare Community Plan (f/k/a Americhoice)
- USA Managed Care Organization
- Windsor HealthCare

Transfer Agreements

- American Endoscopy Center, P.C.
- Baptist Plaza Surgicare, LP (USPI)
- Baptist Women's Health Center, LLC d/b/a The Center for Spinal Surgery (USPI)
- Biomat USA, Inc.
- Blakeford at Green Hills d/b/a Woodcrest Healthcare Center
- Clarksville Health System, G.P.
- Cool Springs Surgery Center
- Crockett Hospital, LLC
- Cumberland Medical Center, Inc.
- Decatur County General Hospital
- Decatur County General Hospital
- Digestive Disease Endoscopy Center, Inc
- Emergency Patient Transfer - Mutual Agreement for Emergency Patient Transfer
- Eye Surgery Center of Nashville
- Hardin Medical Center
- Joseph B. Delozier, III, PLLC - Baptist
- Lincoln Medical Center
- Lincoln Medical Center - Baptist
- Livingston Regional Hospital, LLC
- Maxwell Aesthetics, PLLC - Baptist
- Nashville Vision Correction - Baptist
- Office of Emergency Management
- Oral Facial Surgery Center, Inc.
- Pinelake Regional Hospital, LLC d/b/a Jackson Purchase Medical Center
- Renal Care Group, Inc
- Saint Thomas Hospital
- Southern Tennessee Medical Center
- Specialty MRI (Radiology Alliance)
- Tullahoma HMA, LLC d/b/a Harton Regional Medical Center
- Urology Surgery Center, L.P.
- Vanderbilt University
- Vanderbilt University - Burn Patient
- Vanderbilt University - Organ Transplant and Intensive Care Pediatrics
- Wellmont Bristol Regional Medical Center

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

RESPONSE: Midtown Hospital's proposal will have a positive impact on the health care system. As documented previously, population growth alone from 2014 to 2019 is expected to generate

demand for an additional 15,616 emergency department visits in Davidson County and 6,245 emergency department visits in Williamson County (21,861 visits total). At 1,500 visits per treatment room at 100% capacity, population growth will generate demand for 15 additional treatment rooms. West Hospital will lose two treatment rooms to provide space for a CT scanner. TriStar Centennial Medical Center was just approved in October to reduce its treatment rooms by four.

Population growth will generate demand for 15 additional treatment rooms at the same time that six existing treatment rooms are coming off line. Thus, the utilization rates of existing providers in the service area are not expected to experience a negative effect on utilization as a result of Midtown Hospital's project.

Service area residents will experience a positive impact by having increased access to Saint Thomas Health's emergency services closer to their communities, where they work and live. This is vitally important for emergency services where ever minute counts.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

RESPONSE: **EXHIBIT 22** illustrates current and proposed staffing levels for the proposed project. Midtown Hospital proposes adding 30.3 FTEs.

EXHIBIT 22
CURRENT AND PROPOSED STAFFING LEVELS
SATELLITE ED AT BRENTWOOD
(FULL TIME EQUIVALENTS)

Position	Current	Proposed	Difference
Registered Nurses	0.0	14.5	14.5
EVS Tech	0.0	4.8	4.8
Lab Tech	0.0	4.8	4.8
Registration	0.0	4.8	4.8
Pharmacy	0.0	1.3	1.3
TOTAL	**0.0**	**30.3**	**30.3**

Midtown Hospital has a history of successfully retaining professional and administrative staff because it provides competitive benefits and compensation, and provides a supportive work environment. As mentioned previously, in recent years, Midtown Hospital was named in Modern Healthcare's Best Places to Work in Healthcare and received the Tennessee Nurses Association's Outstanding Employer Award.

EXHIBIT 23 profiles comparable positions and salaries for the Nashville-Davidson-Murfreesboro MSA. Midtown Hospital's salaries and wages, before benefits, are competitive with the market. The proposed project's average proposed annual salary for registered nurses is $58,406 while the average salary for laboratory techs is 49,920, respectively. These values are within the ranges for the Nashville-Davidson-Murfreesboro MSA.

EXHIBIT 23
NASHVILLE-DAVIDSON-MURFREESBORO MSA
MAY 2013 ANNUAL WAGE RATES

Position	25th Pctile	Mean	Median	75th Pctile
Registered Nurse	$48,890	$59,110	$58,990	$69,560
Lab Technologist	$48,640	$58,690	$57,810	$68,540
Lab Technician	$27,240	$34,880	$33,350	$42,170

SOURCE: ANNUAL SALARY BLS OCCUPATIONAL EMPLOYMENT STATISTICS SURVEY DATA

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

RESPONSE: Midtown Hospital proposes adding 30.3 FTEs. Midtown Hospital has a history of successfully recruiting professional and administrative staff. It provides competitive benefits and compensation, and is committed to the retention of existing personnel. In recent years, Midtown Hospital was named in Modern Healthcare's Best Places to Work in Healthcare and received the Tennessee Nurses Association's Outstanding Employer Award.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.

RESPONSE: Midtown Hospital has reviewed and understands the licensure and certification requirements for medical and clinical staff. The Satellite ED will rely on the experience and expertise of the 28 emergency department physicians now at Midtown Hospital and the 11 emergency department physicians now at West Hospital to support the Satellite ED. The proposed full service, 24-hour-per-day/7-day-per-week satellite emergency department facility will be a satellite of the main emergency department at Saint Thomas Midtown Hospital and will be under the sole administrative control of Saint Thomas Midtown Hospital. As an existing licensed and Joint Commission-accredited facility, Midtown Hospital has administrative policies and procedures in place to ensure that licensure and certification requirements are followed. Furthermore, Midtown Hospital maintains quality standards that are focused on continual improvement. Please see **Attachment C, Contribution to the Orderly Development of Health Care – 5** for copies of its Quality and Patient Safety Improvement Plan **(Tab 17)**, and Utilization Review Plan **(Tab 18)** and Patient Bill of Rights **(Tab 19)**.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

RESPONSE: Midtown Hospital participates in many regional healthcare teaching and training programs including:

- Aquinas College - Nursing Program
- Aquinas College - RN-BSN Program
- Auburn University – Nursing
- Austin Peay State University - Exercise Science Students
- Austin Peay State University - Medical Technology
- Austin Peay State University – Nursing

- Belmont University - Nursing Program
- Belmont University – Pharmacy
- Belmont University - Physical and Occupational Therapy (PT, OT)
- Central Michigan University - Exercise Science Program
- Chattanooga State Technical Community College - Diagnostic Medical Sonography, Radiation Therapy and Nuclear Medicine
- Columbia State Community College - Respiratory Care, EMS Education & Nursing
- Creighton University – Nursing
- Cumberland University - Nursing Program
- Draughons Junior College - Physical Therapy, Assistant Cardiographic and Medical Assistant
- Draughons Junior College, Inc d/b/a Daymar Institute - Pharmacy Technology
- Dyersburg State Community College - Health Information Technology
- Hospital Authority of Metropolitan Government of Nashville & Davidson County d/b/a Nashville General Hospital - Radiologic Technology
- Johns Hopkins University School of Nursing
- Lipscomb University - Dietetic Internship Program
- Lipscomb University - Exercise Science
- Lipscomb University College of Pharmacy - Pharmacy Students
- Lipscomb University Department of Nursing
- Madisonville Community College - Medical Equipment and Instrumentation Students
- Medvance Institute - Medical Laboratory Technician
- Medvance Institute - Surgical Technology and Sterile Technology Programs
- Middle Tennessee State University (MTSU) - Exercise Science
- Middle Tennessee State University (MTSU) - Medical Nutrition Therapy Dietetic Practicum
- Middle Tennessee State University (MTSU) - Nursing program
- Middle Tennessee State University (MTSU) - Social Work
- Miller-Motte Technical College - Respiratory Therapy, Surgical Technology and Sterile Processing
- Motlow State Community College – Nursing
- Mountain State University - Radiology Students
- Murray State University – Nursing
- Nashville State Community College - Nursing - Surgical Technician Program - Surgical Assist Program
- Nashville State Technical Community College - Occupational Therapy Program
- Pennsylvania State University - Nursing Program
- Samford University - Nursing (Graduate Nursing Clinical Experience Management, Nurse Executive and Nurse Educator Students)
- South Carolina College of Pharmacy - Doctor of Pharmacy
- Southeastern Institute - Paramedic Students
- Southern Adventist University – Nursing
- St. Louis University, School of Nursing
- Tennessee Board of Regents (TBR) - Master of Science in Nursing Regents Online Degree Program (APSU, ETSU, MTSU, TSU, TTU, and Memphis)
- Tennessee State University (TSU) - Health Exercise Science (Baptist Sports Medicine)
- Tennessee State University (TSU) – Nursing
- Tennessee State University (TSU) - Physical, Occupational Therapy, Health Information Management and Cardio-Respiratory Care
- Tennessee Technological University - Nursing and Dietetics Program
- Tennessee Technology Center at Murfreesboro - Pharmacy Technician, Phlebotomy, and Surgical Tech
- Tennessee Technology Center at Nashville - LPN, Phlebotomy & Pharmacy Tech
- Tennessee Technology Center at Shelbyville and Murfreesboro Campuses - Practical

Nursing Program
- Trevecca Nazarene University - Social Work Students
- University of Alabama, Huntsville – Nursing
- University of Alabama, Tuscaloosa – Nursing
- University of Florida - Pham. D. Program
- University of St. Francis - Nursing Students
- University of Tennessee (Memphis) - Physical Therapy, Occupational Therapy, Medical Technology, Cytotechnology and Histotechnology
- University of Tennessee at Chattanooga - Physical Therapy
- University of Tennessee at Martin - Clinical Nutrition and Food Service Management
- University of Tennessee, Knoxville – Nursing
- University of Tennessee, Knoxville - Social Work
- University of Tennessee, Martin - Exercise Science
- University of Tennessee, Memphis - Pharmacy Program
- Vanderbilt School of Nursing – Nursing
- Vanderbilt University - Hearing and Speech Sciences
- Volunteer State Community College - Multi-Programs
- Walden University - MS Nursing Students)
- Western Kentucky University - Nursing Program

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

RESPONSE: As an existing hospital, Midtown Hospital is licensed by the Tennessee Department of Health. Midtown Hospital has reviewed and understands the licensure requirements. The proposed full service, 24-hour-per-day/7-day-per-week satellite emergency department facility will be a satellite of the main emergency department at Saint Thomas Midtown Hospital and will be under the sole administrative control of Saint Thomas Midtown Hospital.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: Board of Licensing Health Care Facilities, State of Tennessee, Department of Health.

Accreditation: Midtown Hospital is accredited by The Joint Commission (on Accreditation of Healthcare Organizations). Please see **Attachment C, Contribution to the Orderly Development of Health Care – 7.(b) (Tab 20)** for the most recent report.

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

RESPONSE: Please see **Attachment C, Contribution to the Orderly Development of Health Care – 7.(c) (Tab 21).** The current license is valid until April 30, 2014.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

RESPONSE: Please see **Attachment C, Contribution to the Orderly Development of Health**

Care – 7.(d) for a copy of the most recent licensure/certification inspection report **(Tab 22)** and plan of corrective action **(Tab 23)**.

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

   RESPONSE: There have been no final orders or judgments placed against Midtown Hospital or any entity or person with more than 5 percent ownership.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

   RESPONSE: There have been no civil or criminal judgments against Midtown Hospital or any entity or person with more than 5 percent ownership.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number, and type of procedures performed, and other data as required.

    RESPONSE: Yes, Midtown Hospital will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number, and type of procedures performed, and other data as required. Additionally, Midtown Hospital submits a Joint Annual Report (JAR) to the Department of Health and will continue to do so.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

Please see **Attachment D – Proof of Publication (Tabs 24-25).**

DEVELOPMENT SCHEDULE

Tennessee Code Annotated §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**

2. **If the response to the preceding question indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph, please state below any request for an extended schedule and document the "good cause" for such an extension.**

   RESPONSE: The project completion schedule below reflects the anticipated schedule for the construction project.

Form HF0004
Revised 02/01/06
Previous Forms are obsolete

SUPPLEMENTAL #1
December 29, 2014
11:48 am

PROJECT FORECAST COMPLETION CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c March, 2015

Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	0	Mar-15
2. Construction documents approved by the Tennessee Department of Health	120	Jul-15
3. Construction contract signed	150	Aug-15
4. Building permit secured	150	Aug-15
5. Site preparation completed	180	Sep-15
6. Building construction commenced	180	Sep-15
7. Construction 40% complete	270	Dec-15
8. Construction 80% complete	390	Apr-16
9. Construction 100% complete (approved for occupancy)	450	Jun-16
10. *Issuance of license	480	Jul-16
11. *Initiation of service	480	Jul-16
12. Final Architectural Certification of Payment	480	Jul-16
13. Final Project Report Form (HF0055)	480	Jul-16

* **For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVIT

STATE OF Tennessee

COUNTY OF Davidson

Blake Estes being first duly sworn, says that he/she is the applicant named in this application or his/her lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

EXECUTIVE DIRECTOR, STRATEGY & PLANNING
SIGNATURE/TITLE

Sworn to and subscribed before me this 11th day of December (Month), 2014 (Year) a Notary

Public in and for the County/State of Davidson County, Tennessee

Sonja Rene Ward
NOTARY PUBLIC

My commission expires March 8 (Month/Day), 2016 (Year).

SONJA RENE' WARD
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 8, 2016

TABLE OF CONTENTS

Attachment A
Tab 1 - Corporate Charter
Tab 2 - Organizational Chart
Tab 3 - Board Roster
Tab 4 - Certificate of Corporate Existence
Tab 5 - Site Lease
Tab 6 - MCO/BHO Participation

Attachment B
Tab 7 - Plot Plan
Tab 8 - Maps of Service Area Access
Tab 9 - Schematics

Attachment C
Tab 10 - Service Area Map
Tab 11 - TennCare Population Data
Tab 12 - Construction Costs Verification Letter
Tab 13 - Verification of Funding
Tab 14 - Balance Sheet and Income Statement
Tab 15 - Audited Financials
Tab 16 - Letters of Support
Tab 17 - Performance Improvement Plan
Tab 18 - Utilization Review Plan
Tab 19 - Patient Bill of Rights
Tab 20 - The Joint Commission Documentation
Tab 21 - Hospital License
Tab 22 - Inspection Report
Tab 23 - Plan of Corrective Action

Attachment D
Tab 24 - Copy of Published Public Notice
Tab 25 - Letter of Intent

Attachment A, 13

MCO/BHO Participation

Saint Thomas Midtown Hospital Managed Care Contracts List

Plan Name	Products/Network/Payor Name	Plan Type
Aetna / USHealthcare	Aetna HMO (Includes QPOS and US Access), Elect Choice (EPO), Managed Choice POS, Open Choice, Quality Point of Service (QPOS), US Access, National Advantage Plan, Aetna Select, Open Access Aetna Select, Aetna Open Access HMO, Aetna Open Access Elect Choice, Aetna Choice POS, Aetna Choice POS II, Aetna Open Access Managed Choice, Open Choice PPO, Traditional Choice, Aetna Affordable Health Choices PPO	HMO, EPO, POS, PPO, HMO/POS
	Aetna Golden Medicare Plan - HMO, Aetna Golden Choice Plan - PPO, Aetna Medicare Open Plan - Private FFS (PFFS)	Medicare Advantage
Aetna Institutes of Quality Bariatric Surgery Facility	IOQ Bariatric Surgery	Center of Excellence
Aetna Institutes of Quality Orthopedic Care	IOQ Joint Replacement	Center of Excellence
	IOQ Spine Surgery	Center of Excellence
Alive Hospice	Alive Hospice	Direct
Americhoice	Americhoice (aka United HealthCare Plan of the River Valley, Inc.) (Includes Dual Eligible Special Needs Plan - SNP)	TennCare HMO
AMERIGROUP Community Care	AMERIGROUP Community Care	TennCare HMO
	AMERIVANTAGE Medicare Advantage (Includes Dual Eligible Special Needs Plan - SNP)	Medicare Advantage
Avalon Hospice (formerly Trinity Hospice) (STH, MTMC and Hickman added eff. 2/1/10)	Trinity Hospice	Hospice (Inpatient services for Medicare and TennCare Patients)
Beech Street (A Viant Company) (formerly Concentra, Concentra Preferred Systems, Health Network Systems, PPONext, CapCare, MediChoice) *(Purchased by MultiPlan, but networks remain separate until further notice)*	Beech Street (Includes Beech Street Primary Network, Beech Street Complementary Network and Viant Supplemental Networks)	PPO
BC/BS of TN (BCBST)	BlueAdvantage and BlueAdvantage Plus (PFFS) *It is a unique program in that members may use any doctor, specialist or hospital that accepts the BlueAdvantage terms, conditions and payment rate. Prior to providing services to a BlueAdvantage member, providers must agree to the Terms and Conditions of Plan Payment. When Providers choose to extend services to a BlueAdvantage member, they are acknowledging their agreement and are "deemed" to have a contract with BlueCross BlueShield of Tennessee.*	Medicare Advantage Private Fee for Service (PFFS)
	BlueAdvantage Local PPO (effective 1/1/2009)	Medicare Advantage
	Medicare Advantage Regional PPO (effective 9/20/09)	Medicare Advantage
	BlueCoverTN / Blue Network V	PPO
	Access TN (uses BlueSelect / Network S)	PPO
	Cover Kids (uses Blue Select / Network S)	PPO
	Blue Preferred / Network P (Includes Suitcase PPO Program/ BlueCard and Federal Employees Standard Option and Basic Option Programs)	PPO
	Blue Select / Network S (Includes Suitcase PPO Program/BlueCard)	PPO
CCN (National network owned by First Health)	CCN (consolidated under First Health Network as of 1/1/07)	PPO
Blue Distinction Center for Bariatric Surgery	Blue Distinction Center for Bariatric Surgery	Center of Excellence
Blue Distinction Center of Knee and Hip Replacement	Blue Distinction Center for Knee and Hip Replancement	Center of Excellence
Blue Distinction Center for Spine Surgery	Blue Distinction Center for Spine Surgery	Center of Excellence
Bluegrass Family Health	Bluegrass Family Health	HMO, PPO, POS, Consumer Directed Health, including HRA and HSA, Self Insured / TPA, Network Leasing
CenterCare Managed Care Programs	Center Care	PPO, POS
Cigna Healthplan	Cigna Healthplan PPO (Includes Starbridge Choice and Great West PPO)	PPO
	Cigna Healthplan HMO and Gatekeeper POS (Includes HMO Fully Insured, Open Access Plus and Network and Great West HMO and POS)	HMO / POS
	Cigna Medicare Access, Cigna Medicare Access Plus Rx (No provider networks or contracts. Members can visit any provider who accepts original Medicare payment and also Cigna's terms and conditions of payment.)	Medicare Private Fee For Service
CorVel Corporation	CorCare	WC
Coventry Health Care (formerly First Health Direct)	Coventry Health Care (formerly First Health Direct) (As of 1/1/07, this replaced the First Health Direct business. It is the directly administered commercial business	PPO
Division of Rehabilitation Services	Division of Rehabilitation Services	Direct
First Health	First Health (As of 1/1/07, this network is part of Coventy Health Care's rental network business, including group health and workers comp. The following networks will be consolidated under the First Health name: CCN, Healthcare Value Management (HCVM) and PPO Oklahoma)	Rental Network (PPO)
FOCUS Healthcare Management *(a wholly owned susidary of Concentra)*	FOCUS	WC
Great West (formerly known as One Health Plan)	Great West / One Health Plan / PPO *(As of 2/1/09, plan will access Cigna PPO)*	PPO
	Great West / One Health Plan / HMO *(As of 2/1/09, plan will acesss Cigna Managed Care)*	HMO
	Great West / One Plan /POS *(As of 2/1/2009, plan will acesss Cigna Managed Care)*	POS
	Great West / Open Access) *(As of 2/1/2009, plan will acesss Cigna Managed Care)*	POS
HealthMarkets Care Assured	Health Markets Care Assured PFFS *(No provider networks or contracts. Members can visit any doctor, specialist or facility who accepts Medicare and HealthMarkets Care Assured's policies)*	Medicare Advantage Private Fee for Service (PFFS)
Health Payors Organization, Ltd. / Interplan Healthgroup	HPO	PPO
HealthSpring (fka Healthnet Management Co.)	HealthSpring HMO, Inc. (Commercial Plans include Primary Plan, Advantage Plan, Freedom Plan, Direct Product Plan and Member Option Plan)	HMO, POS and EPO
	HealthSpring Medicare Advantage	Medicare Advantage
Humana Health Care Plans	Humana HMO, POS, PPO (Including Choice Care) (Includes CHA Prime Network for fully insured HMO, POS and PPO as of 1/1/2009)	HMO, POS PPO
	HumanaChoice PPO and Humana Gold Plus HMO	Medicare Advantage (Contracted)
	Humana Gold Choice Medicare Advantage PFFS *(No provider networks or contracts. Members can visit any doctor, specialist or facilitywho accepts Medicare and Humana's terms)*	Medicare Private Fee For Service

Plan Name	Products/Network/Payor Name	Plan Type
KY Medicaid	Operating 4 MCOs: WellCare, Coventry, Humana, Passport.	Medicaid
MultiPlan (includes BCE Emergis / ProAmerica) *(MultiPlan purchased PHCS and Beechstreet/Viant. Networks will remain separate until further notice)*	MultiPlan, BCE Emergis, ProAmerica, Up and Up, Formost	PPO
NovaNet	Nova Net	PPO
OccuComp *(*Only STHS Outpatient Rehabilitiation Services)*	OccuComp	WC
Odyssey Healthcare	Odyssey Healthcare	Hospice (Inpatient services for Medicare and TennCare Patients)
Prime Health (formerly known as Comp Plus)	Prime Health (formerly known as CompPlus)	
	Workers Compensation	WC
	Tier I Commmercial	PPO
	Tier II Commercial	PPO
Private Healthcare Systems, Ltd. *(Purchased by MultiPlan. Networks will remain separate until further notice)*	Private Healthcare Systems (PHCS)	PPO & PPO/POS
Pyramid Life - Today's Options	Today's Options Medicare Advantage Private Fee for Service (No provider networks or contracts. Members can visit any doctor, specialist or facility who accepts Medicare and Pyramid's terms)	Medicare Advantage Private Fee for Service (PFFS)
Signature Health Alliance *(BlueGrass purchased Signature Health Alliance. Effective 4/1/10, contracted under BlueGrass with two tiers of payment)*	Signature Health Alliance	PPO
Southern Benefit Administrators, Inc.	Southern Benefit Administrators, Inc.	TPA
Starbridge Choice *(Plan falls under Cigna PPO network)*	Starbridge Choice	PPO
Sterling Healthcare (Option 1) *(No contract required)*	Option I	Medicare Advantage, Private Fee for Service
TriCare for Life *(No contract required)*	TriCare for Life	Medicare Supplement for retired military
TRICARE North (HealthNet Federal Services)	TRICARE Standard, TRICARE Prime, TRICARE Prime Remote, TRICARE Extra, TRICARE Reserve Select	TRICARE
TRICARE South (Humana Military)	TRICARE Standard, TRICARE Prime, TRICARE Prime Remote, TRICARE Extra, TRICARE Reserve Select	TRICARE
United Healthcare	United Healthcare: Choice, Choice Plus, Select, Select Plus, Options PPO, Definity HRAs and HSAs	HMO, PPO, POS
	Secure Horizons (fka United Healthcare Medicare Complete)	Medicare Advantage
USA Managed Care Organization	PPO: Includes USA H&W and USA WIN (PPO includes Tennessee Healthcare Group Health)	PPO
	EPO: Includes USA SPAA and USA WIN SPAA (EPO includes Tennessee Healthcare Work Comp) (As of 9/20/2006, Tennessee Healthcare began accessing USA MCO with the exception of State of TN Public Employees (Work Comp) which will remain with Prime Health through 2007)	EPO
Windsor HealthCare	Windsor HealthCare Medicare Advantage	Medicare Advantage

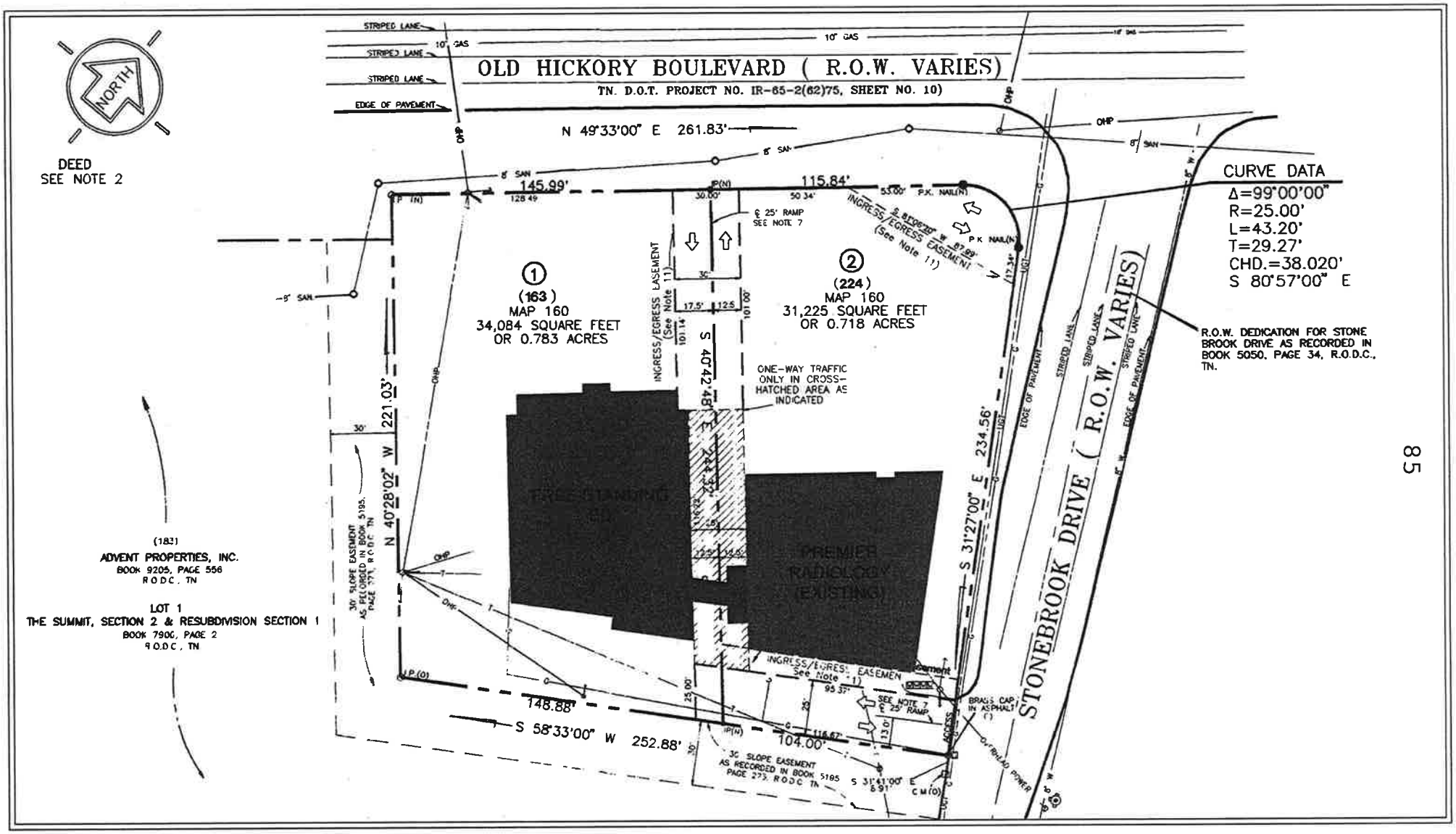
Attachment B

Plot Plan
Maps of Service Area Access
Schematics

Tab 7

Attachment B, III.(A)

Plot Plan



85

SAINT THOMAS HEALTH SERVICES
FREE-STANDING EMERGENCY DEPARTMENT - BRENTWOOD, TN 000116

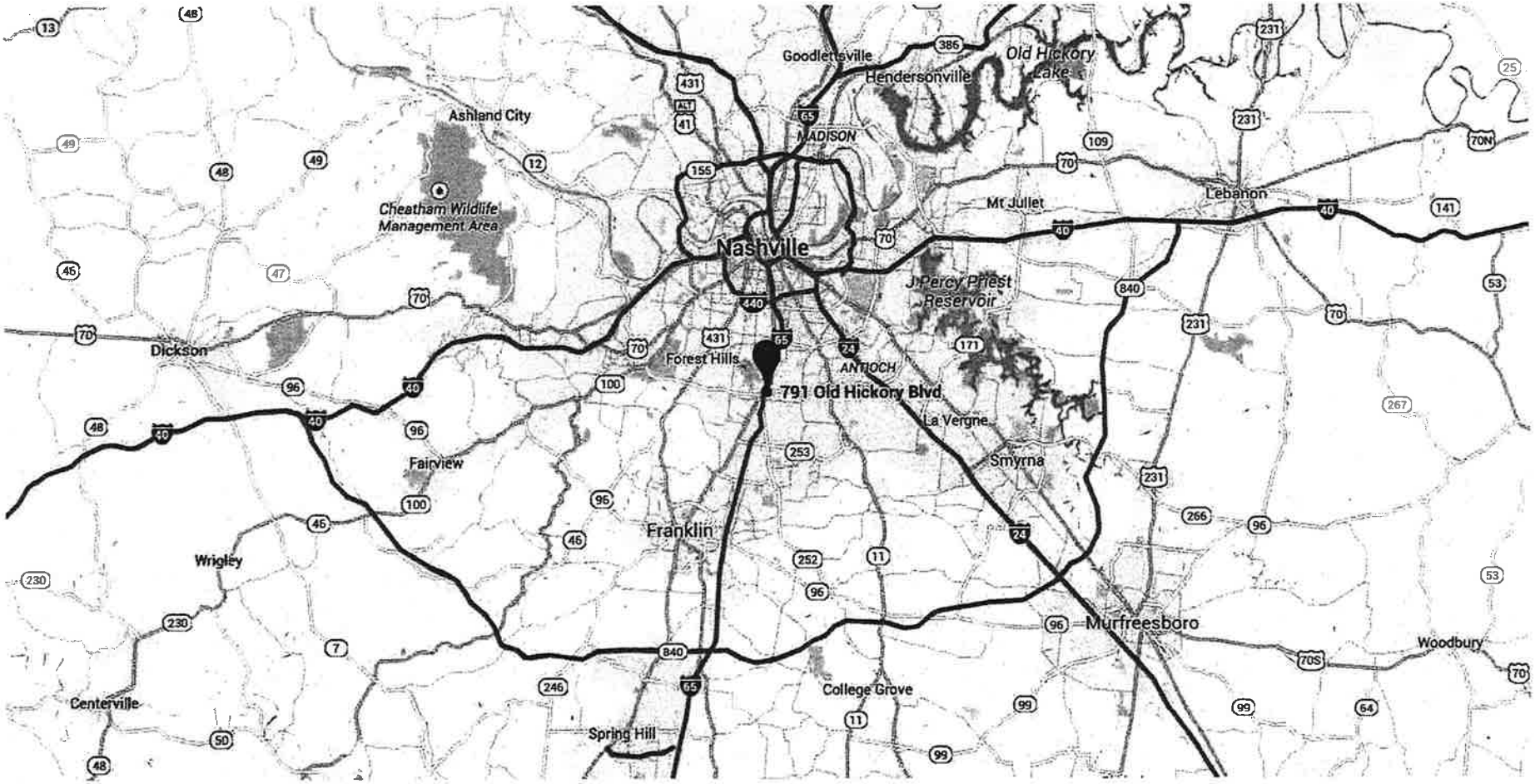
FreemanWhite

Tab 8

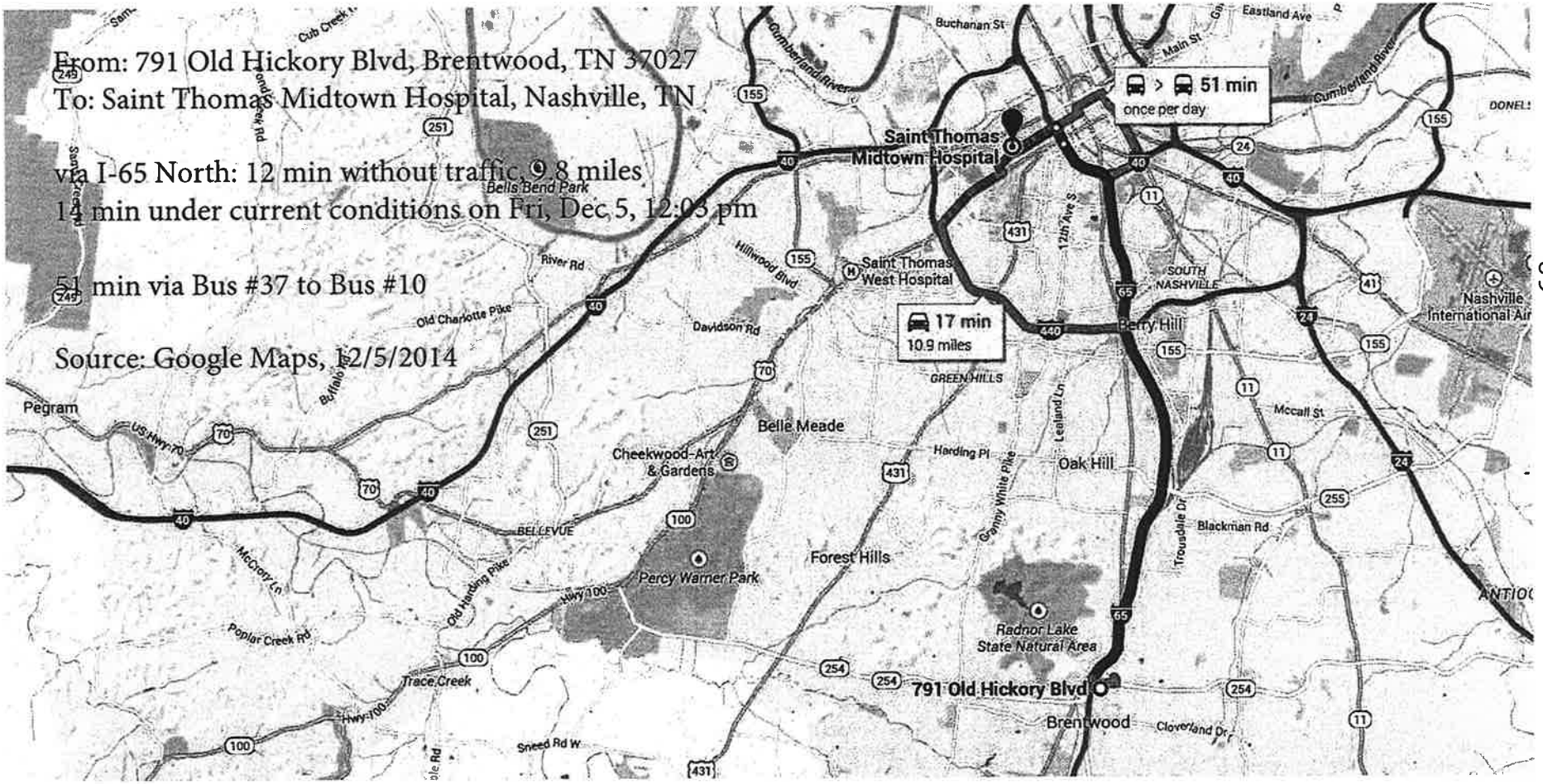
Attachment B, III.(B).1

Maps of Service Area Access

Access to Saint Thomas Midtown Satellite ED in Brentwood



Driving from Satellite ED in Brentwood to Saint Thomas Midtown Hospital

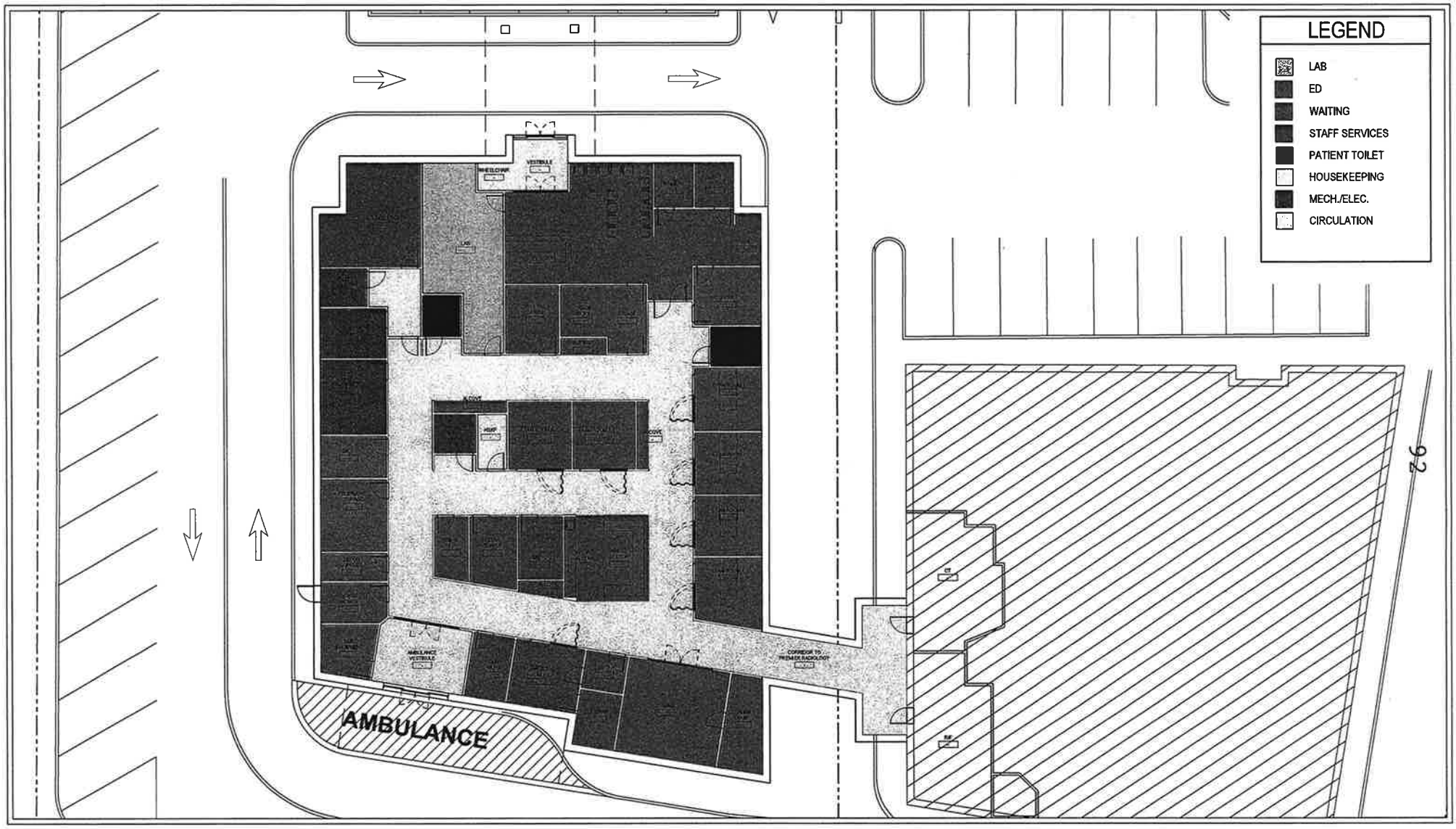


89

Tab 9

Attachment B, IV

Schematics



SAINT THOMAS HEALTH SERVICES
FREE-STANDING EMERGENCY DEPARTMENT - BRENTWOOD, TN 000123

FreemanWhite

Attachment C

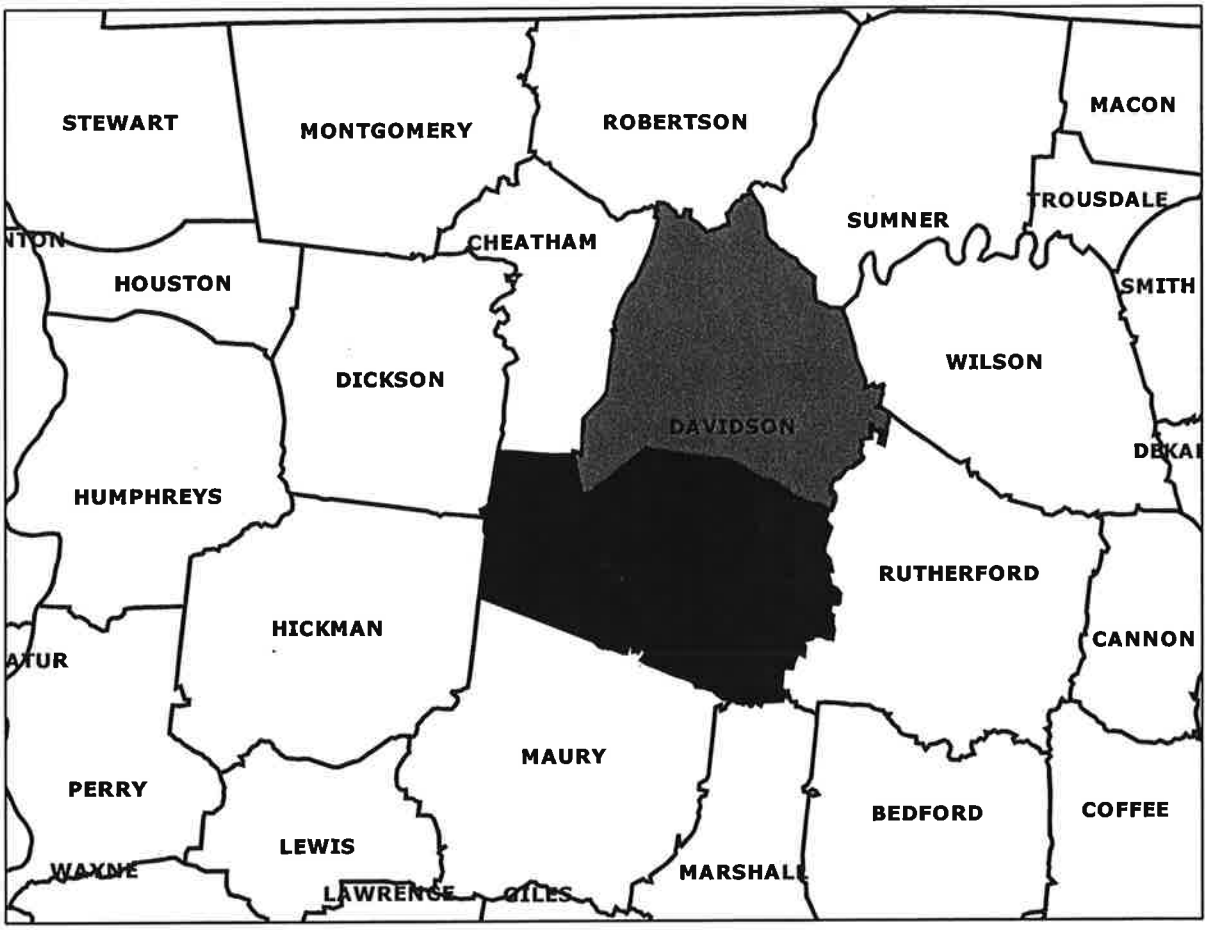
Service Area Map
TennCare Population Data
Construction Costs Verification Letter
Verification of Funding
Balance Sheet and Income Statement
Audited Financials
Letters of Support
Performance Improvement Plan
Utilization Review Plan
Patient Bill of Rights
The Joint Commission Documentation
Hospital License
Inspection Report
Plan of Corrective Action

Tab 10

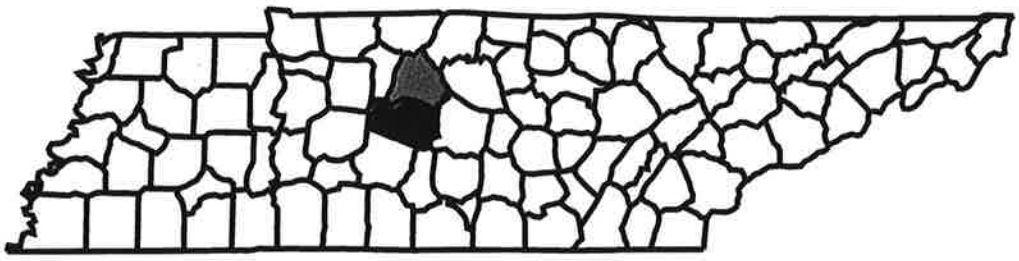
Attachment C
Need - 3

Service Area Map

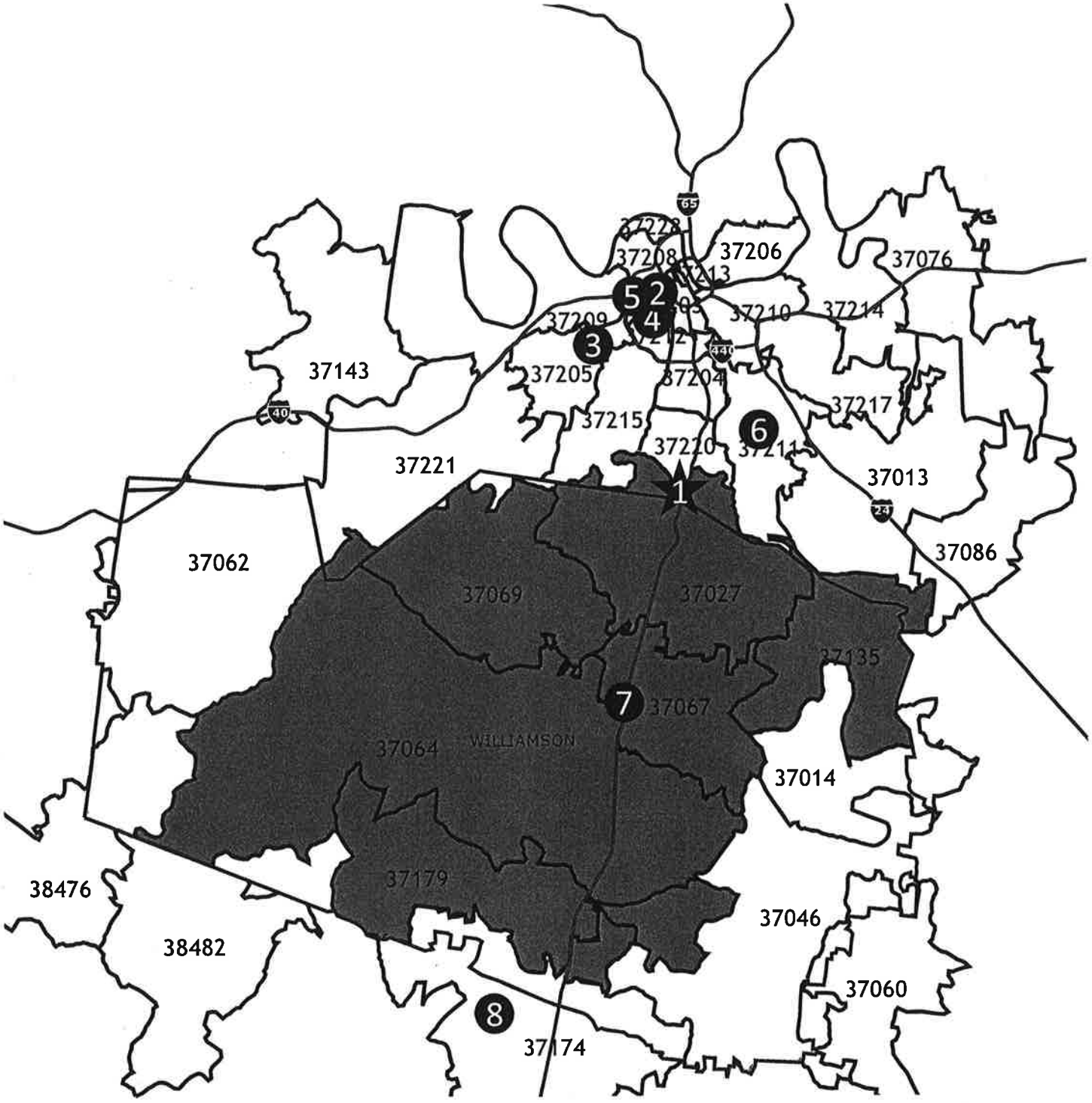
Service Area Map



Primary Service Area Secondary Service Area



STH Satellite ED Map, by Zip Code



1. STH Satellite ED
2. Midtown Hospital
3. West Hospital
4. Vanderbilt
5. Centennial
6. Southern Hills
7. Williamson
8. TriStar ER Spring Hill

Tab 11

Attachment C
Need - 4

TennCare Population Data

Service Area TennCare Population
April 2014

Service Area Counties	TennCare Enrollees	2014 Population	% Enrolled
Williamson	9,214	216,691	4.3%
Davidson	124,103	709,211	17.5%
Total SA	**133,317**	**925,902**	**14.4%**
Tennessee	1,241,028	6,778,877	18.3%

Sources: Nielsen, Inc., Bureau of Tenncare

Tab 12

Attachment C
Economic Feasibility - 1

Construction Costs Verification Letter

FreemanWhite

December 8, 2014

Mrs. Karen Springer
Saint Thomas Health Services
102 Woodmont Boulevard, Suite #800
Nashville, Tennessee 37205

Reference: Saint Tho□as Health Services – Satellite E□ergency Depart□ent – Brentwood□TN□
Conceptual Esti□ate

Dear Mrs. Springer,

This letter is being issued as verification that the submitted estimate of cost for the proposed Saint Thomas Health Services Satellite Emergency Department in Brentwood, TN. is reasonable. The aggregate construction cost estimate of $2,685,808 (9,250SF @ $290 / BGSF) is based on comparative estimates of similar new construction and project scope types. In addition, the overall comprehensive project cost of $4,358,804, excluding land costs, is also comparable to similar projects.

I attest that the design and construction information submitted is consistent with the design and cost of similar facilities in the region. The physical environment will conform to the applicable federal, state, and local construction codes, standards, manufacturers' specifications and licensing agencies requirements, including the current 2010 AIA Guidelines for Design and Construction of Hospital and Health Care Facilities.

We hope this meets with your approval and stand ready to answer and questions that you may have. As always, we look forward to assisting in the development of this project. Please feel free to call me with any questions, clarifications, or comments.

Please feel free to call if you should have any additional questions.

Sincerely,

Brian Adams, AIA
Principal
FreemanWhite

Tab 13

Attachment C
Economic Feasibility - 2

Verification of Funding

Saint Thomas Health

December 5, 2014

Ms. Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application - Saint Thomas Midtown Hospital

Dear Ms. Hill:

Saint Thomas Health has a centralized cash management program for managing and investing operating funds for all Saint Thomas Health hospitals, including Saint Thomas Midtown Hospital. This letter is to confirm that Saint Thomas Health has available more than sufficient resources to fund the projected CON cost of $6.8 million required to implement Midtown Hospital's project to construct a satellite emergency department.

Thank you for your attention to this matter.

Sincerely,

Craig Polkow
Chief Financial Officer

102 Woodmont Blvd., Suite 800
Woodmont Centre
Nashville, TN 37205
SaintThomasHealth.com

Tab 14

Attachment C
Economic Feasibility - 10

Balance Sheet and Income Statement

Saint Thomas Midtown Hospital
Balance Sheet
(Dollars in Thousands)

	June 30, 2014		June 30, 2014
ASSETS		**LIABILITIES AND NET ASSETS**	
CURRENT ASSETS:		**CURRENT LIABILITIES**	
Cash And Cash Equivalents	$2	Current Portion of Long-Term Debt	$3,458
Gross Patient Accounts Receivable	126,785	Accounts Payable	10,196
Less Allowances	(80,758)	AR Credit balances, net	1,465
Patient Accounts Receivable, Net	46,027	Accrued Liabilities	9,680
Estimated Settlements from Third-Party Payors	2,367	Estimated Settlements to Third Party Payors	6,591
Total Inventory	5,337	Current Portion Self-Insurance Liability	2,772
Total Other Current Assets	3,016	Total Other Current Liabilities	12,795
Total Current Assets	**$56,905**	**Total Current Liabilities**	**$46,958**
PROPERTY AND EQUIPMENT		**NONCURRENT LIABILITIES**	
Land and Improvements	$8,737	**Long-Term Debt:**	
Buildings	224,855	Centralized Debt Management System	$238,261
Equipment	134,348	**Net Long-Term Debt**	**$238,261**
Construction in Progress	3,301	**Other Long-Term Liabilities:**	
Less Accumulated Depreciation	(269,885)	Self-Insurance Liability	$1,237
Total Property and Equipment, (net)	**$101,355**	Pension and Other Post Retirement Benefits	1,572
Other Assets:		Other	4,314
Investments in Unconsolidated Entities	$938	**Total Noncurrent Liabilities**	**$245,384**
Other	8,684	**Total Liabilities**	**$292,342**
Total Other Assets	**$9,623**	**NET ASSETS**	
Total Assets	**$167,883**	Unrestricted Net Assets	$164,221
		Total Net Assets	**$164,221**
		Total Liabilities and Net Assets	**$167,883**

Saint Thomas Midtown Hospital
Statement of Operations
For The Twleve Months Ending June 30, 2014

GROSS PATIENT SERVICE REVENUE:	
Total Inpatient Routine Revenue	$184,819,831
Inpatient Ancillary Revenue	696,921,799
Outpatient Revenue	461,652,449
Total Gross Patient Service Revenue	**$1,343,394,079**
REVENUE DEDUCTIONS:	
Charity Care	$47,790,033
Medicare Deductions	390,943,365
Medicaid Deductions	114,698,900
Blue Cross Deductions	193,717,180
HMO/PPO Deductions	144,073,139
Bad Debts Deductions	9,069,349
Other Revenue and Contract Deductions	54,545,243
Total Revenue Deductions	**$954,837,209**
Net Patient Service Revenue	**$388,556,871**
OTHER REVENUE:	
Other Revenue	$18,396,279
Gain on Sale of Assets	113,413
Income from Unconsolidated Entities	1,787,067
Total Other Revenue	**$20,296,760**
Total Operating Revenue	**$408,853,631**
OPERATING EXPENSES:	
Salaries and Wages	$92,143,355
Employee Benefits	22,998,918
Purchased Services	34,624,503
Professional Fees	8,895,450
Supplies	77,182,805
Insurance	629,415
Interest	7,776,719
Income Tax	0
Depreciation	13,674,404
Amortization	2,914,926
Other Operating Expenses	106,091,394
Total Operating Expenses	**$366,931,889**
Income (Loss) From Recurring Operations	41,921,741
Recurring Op Inc before Non-reucrring Items	41,921,741
Total Impair Write-Dwn, Restruct, NonRec	542,820
Income (Loss) from Operations	$41,378,921
NONOPERATING GAINS (LOSSES):	
Other NonOperating Activity	(909,167)
Total NonOperating Gains (Losses), Net	**($909,167)**
Income(Loss) Before Oth NonOper. Items	**$40,469,755**
Net Income (Loss)	**$40,469,755**

Tab 15

Attachment C
Economic Feasibility - 10

Audited Financials

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Ascension Health Alliance
d/b/a Ascension
Years Ended June 30, 2014 and 2013
With Reports of Independent Auditors

Ascension

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

Contents

Report of Independent Auditors....1

Consolidated Financial Statements

Consolidated Balance Sheets....3
Consolidated Statements of Operations and Changes in Net Assets....5
Consolidated Statements of Cash Flows....7
Notes to Consolidated Financial Statements....9

Supplementary Information

Report of Independent Auditors on Supplementary Information....66
Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs....67
Credit Group Consolidated Balance Sheets as of June 30, 2014 and 2013....68
Credit Group Consolidated Statements of Operations and Changes in Net Assets for the Years Ended June 30, 2014....70
Schedule of Credit Group Cash and Investments....72
Schedule of Credit Group Statistical Information....73

EY
Building a better working world

Ernst & Young LLP
The Plaza in Clayton
Suite 1300
190 Carondelet Plaza
St. Louis, MO 63105-3434

Tel: +1 314 290 1000
Fax: +1 314 290 1882
ey.com

Report of Independent Auditors

The Board of Directors
Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

EY
Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health d/b/a Ascension at June 30, 2014 and 2013, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

September 11, 2014

Ascension

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30, 2014	2013
Assets		
Current assets:		
Cash and cash equivalents	$ 618,418	$ 753,555
Short-term investments	109,081	113,825
Accounts receivable, less allowance for doubtful accounts ($1,260,407 and $1,297,609 at June 30, 2014 and 2013, respectively)	2,419,616	2,292,521
Inventories	332,739	297,233
Due from brokers *(see Notes 4 and 5)*	343,757	178,380
Estimated third-party payor settlements	236,559	119,379
Other *(see Notes 4 and 5)*	562,367	1,026,397
Total current assets	4,622,537	4,781,290
Long-term investments *(see Notes 4 and 5)*	15,327,255	14,156,447
Property and equipment, net	8,410,629	8,274,854
Other assets:		
Investment in unconsolidated entities	649,888	628,772
Capitalized software costs, net	778,705	718,122
Other	1,509,849	1,487,886
Total other assets	2,938,442	2,834,780
Total assets	$ 31,298,863	$ 30,047,371

	June 30, 2014	2013
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	$ 91,532	$ 89,869
Long-term debt subject to short-term remarketing arrangements*	1,345,530	1,187,125
Accounts payable and accrued liabilities	2,293,663	2,278,242
Estimated third-party payor settlements	450,054	455,432
Due to brokers *(see Notes 4 and 5)*	332,169	493,420
Current portion of self-insurance liabilities	226,856	210,115
Other *(see Notes 4 and 5)*	274,645	639,566
Total current liabilities	5,014,449	5,353,769
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	4,994,913	5,278,304
Self-insurance liabilities	541,859	553,706
Pension and other postretirement liabilities	428,679	554,368
Other *(see Notes 4 and 5)*	1,343,826	1,178,597
Total noncurrent liabilities	7,309,277	7,564,975
Total liabilities	12,323,726	12,918,744
Net assets:		
Unrestricted		
Controlling interest	16,736,190	14,986,302
Noncontrolling interests	1,656,106	1,592,356
Unrestricted net assets	18,392,296	16,578,658
Temporarily restricted	391,226	375,054
Permanently restricted	191,615	174,915
Total net assets	18,975,137	17,128,627
Total liabilities and net assets	$ 31,298,863	$ 30,047,371

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2015. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the $1 billion line of credit, and issuing commercial paper. The commercial paper program is supported by the $1 billion line of credit.

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Operating revenue:		
Net patient service revenue	$ 19,193,307	$ 16,326,684
Less provision for doubtful accounts	1,273,354	1,124,409
Net patient service revenue, less provision for doubtful accounts	17,919,953	15,202,275
Other revenue	2,229,767	1,334,623
Total operating revenue	20,149,720	16,536,898
Operating expenses:		
Salaries and wages	8,202,294	6,974,951
Employee benefits	1,747,739	1,528,119
Purchased services	1,210,276	955,440
Professional fees	1,279,459	1,093,446
Supplies	2,822,102	2,334,427
Insurance	128,535	109,178
Interest	194,616	150,877
Depreciation and amortization	899,389	730,757
Other	2,901,859	2,140,182
Total operating expenses before impairment, restructuring and nonrecurring losses, net	19,386,269	16,017,377
Income from operations before self-insurance trust fund investment return and impairment, restructuring, and nonrecurring losses, net	763,451	519,521
Self-insurance trust fund investment return	66,174	34,985
Impairment, restructuring and nonrecurring losses, net	(223,834)	(103,344)
Income from operations	605,791	451,162
Nonoperating gains (losses):		
Investment return	1,515,819	736,300
Loss on extinguishment of debt	(1,605)	(4,079)
(Loss) gain on interest rate swaps	(6,020)	53,746
Income from unconsolidated entities	5,539	8,544
Contributions from business combinations, net	–	2,021,963
Other	(63,119)	(69,524)
Total nonoperating gains, net	1,450,614	2,746,950
Excess of revenues and gains over expenses and losses	2,056,405	3,198,112
Less noncontrolling interests	245,893	131,184
Excess of revenues and gains over expenses and losses attributable to controlling interest	1,810,512	3,066,928

Continued on next page.

Ascension

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Unrestricted net assets, controlling interest:		
Excess of revenues and gains over expenses and losses	$ 1,810,512	$ 3,066,928
Transfers to sponsors and other affiliates, net	(6,566)	(9,152)
Contributed net assets	(1,534)	(1,050)
Membership interest changes, net	45,255	–
Net assets released from restrictions for property acquisitions	62,537	65,706
Pension and other postretirement liability adjustments	23,990	76,483
Change in unconsolidated entities' net assets	4,571	23,295
Other	(24,514)	4,507
Increase in unrestricted net assets, controlling interest, before loss from discontinued operations	1,914,251	3,226,717
Loss from discontinued operations	(164,363)	(76,829)
Increase in unrestricted net assets, controlling interest	1,749,888	3,149,888
Unrestricted net assets, noncontrolling interests:		
Excess of revenues and gains over expenses and losses	245,893	131,184
Distributions of capital	(531,159)	(829,989)
Contributions of capital	401,546	1,579,187
Membership interest changes, net	(52,530)	–
Contributions from business combinations	–	64,738
Increase in unrestricted net assets, noncontrolling interests	63,750	945,120
Temporarily restricted net assets, controlling interest:		
Contributions and grants	99,885	88,841
Investment return	31,292	17,232
Net assets released from restrictions	(115,353)	(108,193)
Contributions from business combinations	–	44,201
Other	348	1,088
Increase in temporarily restricted net assets, controlling interest	16,172	43,169
Permanently restricted net assets, controlling interest:		
Contributions	10,405	2,664
Investment return	7,942	1,598
Contributions from business combinations	–	67,846
Other	(1,647)	(368)
Increase in permanently restricted net assets, controlling interest	16,700	71,740
Increase in net assets	1,846,510	4,209,917
Net assets, beginning of year	17,128,627	12,918,710
Net assets, end of year	$ 18,975,137	$ 17,128,627

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Cash Flows
(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Operating activities		
Increase in net assets	**$ 1,846,510**	$ 4,209,917
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	**899,389**	730,757
Amortization of bond premiums	**(22,497)**	(13,948)
Loss on extinguishment of debt	**1,605**	4,079
Provision for doubtful accounts	**1,275,961**	1,128,717
Pension and other postretirement liability adjustments	**(23,990)**	(76,483)
Contributed net assets	**1,534**	1,050
Contributions from business combinations	**–**	(1,742,900)
Interest, dividends, and net (gains) losses on investments	**(1,621,227)**	(790,115)
Change in market value of interest rate swaps	**1,880**	(61,349)
Deferred gain on interest rate swaps	**(303)**	(303)
Gain on sale of assets, net	**(25,556)**	(4,008)
Impairment and nonrecurring expenses	**30,353**	17,259
Transfers to sponsor and other affiliates, net	**6,566**	9,152
Restricted contributions, investment return, and other	**(122,232)**	(98,755)
Other restricted activity	**6,362**	15,965
Nonoperating depreciation expense	**234**	317
(Increase) decrease in:		
Short-term investments	**4,744**	212,624
Accounts receivable	**(1,393,667)**	(1,134,828)
Inventories and other current assets	**437,913**	(213,753)
Due from brokers	**(165,377)**	610,891
Investments classified as trading	**466,353**	(959,888)
Other assets	**(186,983)**	(182,693)
Increase (decrease) in:		
Accounts payable and accrued liabilities	**(685)**	(2,009)
Estimated third-party payor settlements, net	**(124,475)**	30,604
Due to brokers	**(161,251)**	(387,193)
Other current liabilities	**(357,167)**	91,435
Self-insurance liabilities	**4,894**	(15,342)
Other noncurrent liabilities	**60,731**	(153,420)
Net cash provided by continuing operating activities	**839,619**	1,225,780
Net cash provided by (used in) and adjustments to reconcile change in net assets for discontinued operations, including write-down of assets	**126,554**	(19,386)
Net cash provided by operating activities	**966,173**	1,206,394

Continued on next page.

Ascension

Consolidated Statements of Cash Flows (continued)

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Investing activities		
Property, equipment, and capitalized software additions, net	$ (1,102,680)	$ (871,203)
Proceeds from sale of property and equipment	15,594	26,321
Net cash used in investing activities	(1,087,086)	(844,882)
Financing activities		
Issuance of long-term debt	512,231	1,228,995
Repayment of long-term debt	(606,502)	(1,235,850)
(Increase) decrease in assets under bond indenture agreements	(17,506)	20,577
Transfers to sponsors and other affiliates, net	(24,679)	(26,112)
Restricted contributions, investment return, and other	122,232	98,755
Net cash (used in) provided by financing activities	(14,224)	86,365
Net (decrease) increase in cash and cash equivalents	(135,137)	447,877
Cash and cash equivalents at beginning of year	753,555	305,678
Cash and cash equivalents at end of year	$ 618,418	$ 753,555

The accompanying notes are an integral part of the consolidated financial statements.

Tab 16

Attachment C
Contribution to the Orderly Development of Health Care – 2

Letters of Support

Letters to be submitted separately

Tab 17

Tab 19

Tab 20

Attachment C
Contribution to the Orderly Development of Health Care - 7.(b)

The Joint Commission Documentation

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN

Org ID: 7884

Accreditation Quality Report

The Joint Commission

000259

Version: 26
Date: 11/3/2014

Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals - measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN
Org ID: 7884



Summary of Quality Information

Symbol Key

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	3/29/2014	3/28/2014	3/28/2014

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Inpatient Diabetes	Certification	7/11/2014	7/10/2014	7/10/2014
Primary Stroke Center	Certification	7/24/2014	7/23/2014	7/23/2014

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Joint Replacement - Hip	Certification	7/25/2014	7/24/2014	7/24/2014
Joint Replacement - Knee	Certification	7/25/2014	7/24/2014	7/24/2014

Special Quality Awards

2013 ACS National Surgical Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2014National Patient Safety Goals	✓	N/A*

*The Joint Commission only reports measures endorsed by the National Quality Forum.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN

Org ID: 7884



Summary of Quality Information

Symbol Key

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: Apr 2013 - Mar 2014

	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
National Quality Improvement Goals:		
Heart Attack Care	⊕	⊕
Heart Failure Care	✓	✓
Perinatal Care	N/D [2]	N/D [2]
Pneumonia Care	✓	✓
Surgical Care Improvement Project (SCIP)		
SCIP - Cardiac SCIP - Infection Prevention *For All Reported Procedures:*	⊕	⊕
• Blood Vessel Surgery	✓	✓
• Colon/Large Intestine Surgery	✓	✓
• Coronary Artery Bypass Graft	⊕	⊕
• Hip Joint Replacement	⊕	⊕
• Hysterectomy	⊕	⊕
• Knee Replacement	⊕	⊕
• Open Heart Surgery	⊕	⊕
SCIP – Venous Thromboembolism (VTE)		

The Joint Commission only reports measures endorsed by the National Quality Forum.



Locations of Care

* Primary Location

Locations of Care	Available Services
Craig Center for Advanced Wound Healing at Midtown Hospital 2000 Murphy Avenue Nashville, TN 37203	**Other Clinics/Practices located at this site:** • Midtown Hospital Diabetes Center **Services:** • Outpatient Clinics (Outpatient)

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN

Org ID: 7884



Locations of Care

* Primary Location

Locations of Care	Available Services
Saint Thomas Midtown Hospital * 2000 Church Street Nashville, TN 37236	**Joint Commission Advanced Certification Programs:** • Inpatient Diabetes • Primary Stroke Center **Joint Commission Certified Programs:** • Joint Replacement - Hip • Joint Replacement - Knee **Other Clinics/Practices located at this site:** • Saint Thomas Heart Midtown OP Cardiac Imaging • Saint Thomas Sports Medicine-Plaza II, Nashville TN • UT Medical Resident's Clinic **Services:** • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiovascular Unit (Inpatient) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Gynecology (Inpatient) • Hematology/Oncology Unit (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Outpatient Clinics (Outpatient) • Pediatric Emergency Medicine (Outpatient - Child/Youth) • Pediatric General Surgery (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Pediatric Otolaryngology (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Plastic Surgery (Surgical Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) • Sleep Laboratory (Sleep Laboratory) • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Thoracic Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)



Locations of Care

* Primary Location

Locations of Care	Available Services
	• Medical ICU (Intensive Care Unit) • Neuro/Spine Unit (Inpatient)
Saint Thomas Midtown Hospital OP Cardiac Imaging 900 Conference Drive, Ste. 8 Goodlettsville, TN 37072	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Midtown Hospital OP Cardiac Imaging - Franklin 4323 North Carothers Suite 310 Franklin, TN 37067	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Midtown Hospital OP Cardiac Imaging Ctr 222 22nd Ave N STE 501 Nashville, TN 37203	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sport Medicine/Life Therapies - Cool Springs 101 International Blvd. Franklin, TN 37067	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine 491 Sage Road White House, TN 37188	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine - Antioch/Lavergne 3534 Murfreesboro Pike, Ste. 101 Antioch, TN 37013	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine - Bellevue, Nashville TN 7640 Highway 70 South, Suite 104 Nashville, TN 37221	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine - Rivergate 1777 Gallatin Pike, North Madison, TN 37115	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine - South 6005 Nolensville Road Nashville, TN 37211	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine-Dickson 7101 Ramsy Way, Dickson, TN 37055	**Services:** • Outpatient Clinics (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
Saint Thomas Sports Medicine-Green Hills 3810 BedfordAve, Suite 120 Nashville, TN 37215	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine-Maryland Farms 5101 Maryland Way Brentwood, TN 37027	**Services:** • Outpatient Clinics (Outpatient)
Saint Thomas Sports Medicine-Murfreesboro 1203B Memorial Blvd, Murfreesboro, TN 37129	**Services:** • Outpatient Clinics (Outpatient)
UT Medical Clinic 316 22nd Avenue North Nashville, TN 37203	**Services:** • Outpatient Clinics (Outpatient)



2014 National Patient Safety Goals

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
	Eliminating Transfusion Errors	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Improve the safety of using medications.	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
	Reconciling Medication Information	✓
Use Alarms Safely	Use Alarms Safely on Medical Equipment	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Preventing Multi-Drug Resistant Organism Infections	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
	Preventing Surgical Site Infections	✓
	Preventing Catheter-Associated Urinary Tract Infection	✓
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital
2000 Church Street, Nashville, TN
Org ID: 7884



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- ⊕ This organization's performance is above the target range/value.
- ✓ This organization's performance is similar to the target range/value.
- ⊖ This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least	Nationwide Average Rate	Statewide Top 10% Scored at Least	Statewide Average Rate
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 45 eligible Patients	100%	98%	100%	98%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	⊕ 99% of 257 eligible Patients	100%	99%	100%	99%
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	⊕ 99% of 239 eligible Patients	100%	99%	100%	99%

The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.*	★ 100% of 233 eligible Patients	100%	99%	100%	99%
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.*	N/D [3] —	100%	61%	—[3]	—[3]

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

— Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Primary PCI received within 90 minutes of hospital arrival*	Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.*	N/D 3 95% of 22 eligible Patients[3]	100%	96%	100%	98%
Statin Prescribed at Discharge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	⊕ 98% of 235 eligible Patients	100%	99%	100%	99%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	✓ 96% of 212 eligible Patients	100%	97%	100%	97%
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide.*	⊕ 99% of 629 eligible Patients	100%	100%	100%	100%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

— Null value or data not displayed.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN
Org ID: 7884



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes!
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	N/D [2]	N/D [2]

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	N/D [4] —	100%	89%	100%	93%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	N/D [8] 7% of 30 eligible Patients	0%	4%	0%	4%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	N/D [8] 49% of 111 eligible Patients	74%	49%	57%	37%
Exclusive Breast Milk Feeding Considering Mothers Choice	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization not including those newborns whose mothers chose to not exclusively feed breast milk at the time of birth of the newborn.	N/D [8] 49% of 111 eligible Patients	93%	64%	95%	57%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

--- Null value or data not displayed.



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	✓	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	✓ 92% of 96 eligible Patients	100%	98%	100%	99%
Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	N/D[3] 88% of 26 eligible Patients[3]	100%	93%	100%	91%
Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	✓ 98% of 146 eligible Patients	100%	97%	100%	97%

The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide Hospital Results	Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	⊕ 99% of 204 eligible Patients	100%	98%	100%	97%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN

Org ID: 7884



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	⊕ 99% of 452 eligible Patients	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	⊕ 97% of 450 eligible Patients	100%	99%	100%	99%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value
- This organization's performance is similar to the target range/value
- This organization's performance is below the target range/value
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	⊕ 98% of 445 eligible Patients	100%	98%	100%	98%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	✓ 93% of 123 eligible Patients	100%	98%	100%	98%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	✓ 98% of 41 eligible Patients	100%	98%	100%	98%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	✓ 88% of 41 eligible Patients	100%	99%	100%	99%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	✓ 95% of 41 eligible Patients	100%	96%	100%	96%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	✓ 97% of 169 eligible Patients	100%	97%	100%	96%
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	✓ 98% of 57 eligible Patients	100%	98%	100%	98%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	✓ 93% of 57 eligible Patients	100%	96%	100%	95%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital
2000 Church Street, Nashville, TN
Org ID: 7884



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	★ 100% of 55 eligible Patients	100%	96%	100%	96%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	⊕ 100% of 226 eligible Patients	100%	99%	100%	99%
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	★ 100% of 77 eligible Patients	100%	99%	100%	98%
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	★ 100% of 76 eligible Patients	100%	100%	100%	100%

The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Compared to other Joint Commission Accredited Organizations: Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often coronary artery bypass graft surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	★ 100% of 75 eligible Patients	100%	99%	100%	99%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	⊕ 99% of 241 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	✓ 98% of 81 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	★ 100% of 80 eligible Patients	100%	100%	100%	100%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least	Nationwide Average Rate	Statewide Top 10% Scored at Least	Statewide Average Rate
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	✓ 99% of 80 eligible Patients	100%	98%	100%	97%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	⊕ 98% of 212 eligible Patients	100%	98%	100%	98%
Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	★ 100% of 71 eligible Patients	100%	99%	100%	99%
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	✓ 96% of 71 eligible Patients	100%	98%	100%	98%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital
2000 Church Street, Nashville, TN
Org ID: 7884



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least	Nationwide: Average Rate	Statewide: Top 10% Scored at Least	Statewide: Average Rate
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	✓ 99% of 70 eligible Patients	100%	98%	100%	98%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	⊕ 99% of 263 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	★ 100% of 88 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	★ 100% of 88 eligible Patients	100%	100%	100%	100%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Reporting Period: April 2013 - March 2014

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least	Nationwide Average Rate	Statewide Top 10% Scored at Least	Statewide Average Rate
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	✓ 98% of 87 eligible Patients	100%	99%	100%	98%
Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	⊕ 98% of 111 eligible Patients	100%	99%	100%	99%
Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	✓ 97% of 37 eligible Patients	100%	99%	100%	99%
Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	✓ 100% of 37 eligible Patients	100%	100%	100%	100%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- ⊕ This organization's performance is above the target range/value.
- ✓ This organization's performance is similar to the target range/value.
- ⊖ This organization's performance is below the target range/value.
- NM Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Compared to other Joint Commission Accredited Organizations: Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	✓ 97% of 37 eligible Patients	100%	99%	100%	99%
Heart surgery patients with controlled blood sugar after surgery.	This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	✓ 100% of 125 eligible Patients	100%	96%	100%	95%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	⊕ 99% of 597 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	✓ 97% of 368 eligible Patients	100%	98%	100%	97%

NM The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

---- Null value or data not displayed.

Saint Thomas Midtown Hospital

DBA: Saint Thomas Midtown Hospital,
2000 Church Street, Nashville, TN

Org ID: 7884



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Measure Area	Explanation
SCIP – Venous Thromboembolism (VTE)	This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least	Nationwide Average Rate	Statewide Top 10% Scored at Least	Statewide Average Rate
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	⊕ 98% of 362 eligible Patients	100%	99%	100%	99%

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at www.hospitalcompare.hhs.gov

--- Null value or data not displayed.

Tab 21

Attachment C
Contribution to the Orderly Development of Health Care - 7.(c)

Hospital License

Board for Licensing Health Care Facilities

State of Tennessee

0000000032

No. of Beds 0683

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

SAINT THOMAS MIDTOWN HOSPITAL *to conduct and maintain a*

Hospital SAINT THOMAS MIDTOWN HOSPITAL

Located at 2000 CHURCH STREET, NASHVILLE

County of DAVIDSON *, Tennessee.*

157

This license shall expire APRIL 30 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 30TH *day of* APRIL *,* 2014 *.*

In the Distinct Category(ies) of: GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL

DEC 15 '14 PM1:01

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

000287

By [signature]

COMMISSIONER

DCF011

Tab 22

Attachment C
Contribution to the Orderly Development of Health Care -7.(d)

Inspection Report

160

FAX TRANSMITTAL

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES

TO: Bernard Sherry, Administrator

FACILITY: Baptist Hospital

FAX NUMBER: 615-284-1592 PHONE: 615-284-6851

FROM: Karen B. Kirby, Regional Administrator – HCF, ETRO by KG

FAX NUMBER: (865) 594-5739

DATE: September 12, 2012

NUMBER OF PAGES INCLUDING THIS ONE: 9

IF YOU HAVE ANY QUESTIONS, CALL (865) 588-5656

SUBJECT/MESSAGE: **COMPLAINT(S) # TN00030295**

Original to follow by mail. If you have any questions regarding your statement of deficiencies please call for a supervisor @ 865-588-5656.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE, BLDG. 1
KNOXVILLE, TENNESSEE 37919

September 12, 2012

Mr. Bernard Sherry, Administrator
Baptist Hospital
2000 Church St
Nashville TN 37236

Provider Number: 44-0133

Dear Mr. Sherry:

Enclosed is the Statement of Deficiencies developed as the result of the complaint investigation conducted at the Baptist Hospital on **September 4, 2012**. You are requested to submit a Plan of Correction by **September 22, 2012** with acceptable time frames for correction of the cited deficiencies. Corrective action must be achieved prior to **October 19, 2012**. Please notify this office when these deficiencies are corrected.

Please be advised that under the disclosure of survey information provisions, the Statement of Deficiencies will be available to the public.

Please submit the Plan of Correction (POC), by **September 22, 2012:**

Office of Health Licensure and Regulation
Lakeshore Park, Bldg. One
5904 Lyons View Pike
Knoxville, TN 37919

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents/patients found to have been affected by the deficient practice.
- How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored and the person(s) responsible for monitoring to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.

Please put your Plan of Correction on the Statement of Deficiencies form in the "Provider's Plan of Correction" column. In the "Completion Date" column of the form, list the date corrective actions have been or will be completed. Please make sure the administrator's signature and date are on the bottom line of the Statement of Deficiencies/Plan of Correction State Form.

Please be advised that under the disclosure of survey information provisions, the Statement of Deficiencies will be available to the public.

If you have any questions, please contact this office at (865) 588-5656 or by facsimile at (865) 594-5739.

Sincerely,

Karen B. Kirby/mad

Karen B. Kirby, RN
Regional Administrator
East TN Health Care Facilities

KK: kg

Enclosure: CMS-2567

TN00030295

DEPARTMENT OF HEALTH AND HUMAN SERVICES 163
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure the nursing staff educated patients adequately before discharge for one (#3) of five patients reviewed. The findings included: Medical record review revealed patient #3 was admitted to the facility on July 26, 2012, with complaints to include Shortness of Breath which had increased over the past week. Pertinent medical history included diagnoses of Hypertension, Diabetes Mellitus, Parkinson's Disease, Ulcerative Colitis, Obstructive Sleep Apnea, Depression, and Panic Disorder. Review of the History and Physical completed by the physician on July 26, 2012, revealed the patient had "...Diabetes Mellitus uncontrolled...". Review of physician's admission orders written on July 26, 2012, revealed "...Lantus insulin 15 units each evening; accu checks (blood glucose monitoring) before meals and at bedtime; and sliding scale insulin (specific doses of insulin according to the blood glucose range) with each accu check...". Further review of physician's orders dated July 26, 2012, at 11:27 p.m., revealed "...hold PM dose of Lantus (insulin)...". Continued review of physician's orders dated July 27, 2012, at 7:30 a.m., revealed "...Lantus 10 units at bedtime; Novolog (insulin) 3 units TID	A 395		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES 164
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	Continued From page 1 (three times daily) before meals...". Review of Education notes dated July 26, 2012, at 4:59 p.m., revealed "...Diabetes Standards of Care: Given to/Reviewed with Patient and/or Caregiver...". Further review of the education notes dated July 26, 2012, at 8:00 p.m., revealed patient and family were taught via demonstration about "...blood glucose testing and when; blood glucose testing goals; hypoglycemia (low blood glucose) signs and symptoms and treatment; medication: oral/insulin/other...". Further review of education notes revealed no documentation there was a return demonstration by the patient of correct insulin administration. Review of discharge medications dated August 1, 2012, revealed the patient was ordered ..."Lantus insulin 10 units once daily at bedtime; Novolog insulin three times daily before meals and at bedtime, medium sliding scale as instructed...". Interview with the Nurse Manager of Cardiology, the unit where the patient was admitted, on September 4, 2012, at 11:15 a.m. in the Risk Management conference room, revealed the spouse stated, at discharge, the patient had not received proper education regarding insulin administration. Further interview revealed the hospital has a contract with the Diabetes Center to provide education to patients but the center was not consulted on this patient. Continued interview confirmed there was no nursing documentation the patient had been educated on insulin administration and calculating dosages of sliding scale insulin before discharge." Interview with the Risk Manager on September 4,	A 395		

DEPARTMENT OF HEALTH AND HUMAN SERVICES 165
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	Continued From page 2 2012, at 12:30 p.m., in the Risk Management office, confirmed the patient did not receive education on insulin administration and calculating dosages on the sliding scale.	A 395		
A 820	482.43(c)(3), (5) IMPLEMENTATION OF A DISCHARGE PLAN (3) The hospital must arrange for the initial implementation of the patient's discharge plan. (5) As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care. This STANDARD is not met as evidenced by: Based on medical record review and interview, the facility failed to develop an appropriate discharge plan to meet the needs of patients for one (#3) of five patients reviewed. Medical record review revealed patient #3 was admitted to the facility on July 26, 2012, with complaints to include Shortness of Breath which had increased over the past week. Pertinent medical history included diagnoses of Hypertension, Diabetes Mellitus, Parkinson's Disease, Ulcerative Colitis, Obstructive Sleep Apnea, Depression, and Panic Disorder. Review of the History and Physical completed by the physician on July 26, 2012, revealed the patient had "...Diabetes Mellitus uncontrolled...". Review of physician's admission orders written on July 26, 2012, revealed "...Lantus insulin 15 units	A 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 820	Continued From page 3 each evening; accu checks (blood glucose monitoring) before meals and at bedtime; and sliding scale insulin (specific doses of insulin according to the blood glucose range) with each accu check...". Further review of physician's orders dated July 26, 2012, at 11:27 p.m., revealed "...hold PM dose of Lantus (insulin)...". Continued review of physician's orders dated July 27, 2012, at 7:30 a.m., revealed "...Lantus 10 units at bedtime; Novolog (Insulin) 3 units TID (three times daily) before meals...". Review of Education notes dated July 26, 2012, at 4:59 p.m., revealed "...Diabetes Standards of Care: Given to/Reviewed with Patient and/or Caregiver...". Further review of the education notes dated July 26, 2012, at 8:00 p.m., revealed patient and family were taught via demonstration about "...blood glucose testing and when; blood glucose testing goals; hypoglycemia (low blood glucose) signs and symptoms and treatment; medication: oral/insulin/other...". Further review of education notes revealed no documentation there was a return demonstration by the patient of correct insulin administration. Review of discharge medications dated August 1, 2012, revealed the patient was ordered ..."Lantus insulin 10 units once daily at bedtime; Novolog insulin three times daily before meals and at bedtime, medium sliding scale as instructed...". Interview with the Nurse Manager of Cardiology, the unit where the patient was admitted, on September 4, 2012, at 11:15 a.m. in the Risk Management conference room, revealed the spouse stated, at discharge, the patient had not received proper education regarding insulin	A 820		

DEPARTMENT OF HEALTH AND HUMAN SERVICES 167
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 820	Continued From page 4 administration. Further interview revealed the hospital has a contract with the Diabetes Center to provide education to patients but the center was not consulted on this patient. Continued interview confirmed there was no nursing documentation the patient had been educated on insulin administration and calculating dosages of sliding scale insulin before discharge." Interview with the Risk Manager on September 4, 2012, at 12:30 p.m., in the Risk Management office, confirmed the patient did not receive education on insulin administration and calculating dosages on the sliding scale.	A 820		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNP53132	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	1200-8-1 Initial During complaint investigation of #30295, conducted on September 4, 2012, at Baptist Hospital, no deficiencies were cited in relation to the complaint under 1200-8-1, Standards for Hospitals.	H 001		

Division of Health Care Facilities

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tab 23

Attachment C
Contribution to the Orderly Development of Health Care -7.(d)

Plan of Corrective Action

FAX TRANSMITTAL

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES

TO: Bernard Sherry, Administrator

FACILITY: Baptist Hospital

FAX NUMBER: 615-284-1592 PHONE: 615-284-6851

FROM: Karen B. Kirby, Regional Administrator – HCF, ETRO by KG

FAX NUMBER: (865) 594-5739

DATE: September 12, 2012

NUMBER OF PAGES INCLUDING THIS ONE: 9

IF YOU HAVE ANY QUESTIONS, CALL (865) 588-5656

SUBJECT/MESSAGE: **COMPLAINT(S) # TN00030295**

Original to follow by mail. If you have any questions regarding your statement of deficiencies please call for a supervisor @ 865-588-5656.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE, BLDG. 1
KNOXVILLE, TENNESSEE 37919

September 12, 2012

Mr. Bernard Sherry, Administrator
Baptist Hospital
2000 Church St
Nashville TN 37236

Provider Number: 44-0133

Dear Mr.Sherry:

Enclosed is the Statement of Deficiencies developed as the result of the complaint investigation conducted at the Baptist Hospital on **September 4, 2012.** You are requested to submit a Plan of Correction by **September 22, 2012** with acceptable time frames for correction of the cited deficiencies. Corrective action must be achieved prior to **October 19, 2012.** Please notify this office when these deficiencies are corrected.

Please be advised that under the disclosure of survey information provisions, the Statement of Deficiencies will be available to the public.

Please submit the Plan of Correction (POC), by **September 22, 2012:**

Office of Health Licensure and Regulation
Lakeshore Park, Bldg. One
5904 Lyons View Pike
Knoxville, TN 37919

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents/patients found to have been affected by the deficient practice.
- How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored and the person(s) responsible for monitoring to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.

Please put your Plan of Correction on the Statement of Deficiencies form in the "Provider's Plan of Correction" column. In the "Completion Date" column of the form, list the date corrective actions have been or will be completed. Please make sure the administrator's signature and date are on the bottom line of the Statement of Deficiencies/Plan of Correction State Form.

Please be advised that under the disclosure of survey information provisions, the Statement of Deficiencies will be available to the public.

If you have any questions, please contact this office at (865) 588-5656 or by facsimile at (865) 594-5739.

Sincerely,

Karen B. Kirby/mad

Karen B. Kirby, RN
Regional Administrator
East TN Health Care Facilities

KK: kg

Enclosure: CMS-2567

TN00030295

DEPARTMENT OF HEALTH AND HUMAN SERVICES 174
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure the nursing staff educated patients adequately before discharge for one (#3) of five patients reviewed. The findings included: Medical record review revealed patient #3 was admitted to the facility on July 26, 2012, with complaints to include Shortness of Breath which had increased over the past week. Pertinent medical history included diagnoses of Hypertension, Diabetes Mellitus, Parkinson's Disease, Ulcerative Colitis, Obstructive Sleep Apnea, Depression, and Panic Disorder. Review of the History and Physical completed by the physician on July 26, 2012, revealed the patient had "...Diabetes Mellitus uncontrolled...". Review of physician's admission orders written on July 26, 2012, revealed "...Lantus insulin 15 units each evening; accu checks (blood glucose monitoring) before meals and at bedtime; and sliding scale insulin (specific doses of insulin according to the blood glucose range) with each accu check...". Further review of physician's orders dated July 26, 2012, at 11:27 p.m., revealed "...hold PM dose of Lantus (insulin)...". Continued review of physician's orders dated July 27, 2012, at 7:30 a.m., revealed "...Lantus 10 units at bedtime; Novolog (insulin) 3 units TID	A 395	For current and future patients new triggers have been added to our computerized medical record system which triggers an individualized care plan to include diabetes education and insulin education based on individual experience with insulin use. As for patients that may have been affected in the past, a random audit of known diabetics over the past six months will be conducted seeking patients who have been discharged with new prescriptions of insulin. Five per month will be examined unless the total new insulin patients is less then 5 in a given month. If documented education is not found, patients will be given appointments with the Diabetes Center for education at no charge. Education for all nurses regarding individualizing care plans for diabetics is in process (began 9/28/12) with extended deadline to cover nurses who may be on leave of absence.	9/25/12 10/19/12 11/30/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES 175
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	Continued From page 1 (three times daily) before meals...". Review of Education notes dated July 26, 2012, at 4:59 p.m., revealed "...Diabetes Standards of Care: Given to/Reviewed with Patient and/or Caregiver...". Further review of the education notes dated July 26, 2012, at 8:00 p.m., revealed patient and family were taught via demonstration about "...blood glucose testing and when; blood glucose testing goals; hypoglycemia (low blood glucose) signs and symptoms and treatment; medication: oral/insulin/other...". Further review of education notes revealed no documentation there was a return demonstration by the patient of correct insulin administration. Review of discharge medications dated August 1, 2012, revealed the patient was ordered ..."Lantus insulin 10 units once daily at bedtime; Novolog insulin three times daily before meals and at bedtime, medium sliding scale as instructed...". Interview with the Nurse Manager of Cardiology, the unit where the patient was admitted, on September 4, 2012, at 11:15 a.m. in the Risk Management conference room, revealed the spouse stated, at discharge, the patient had not received proper education regarding insulin administration. Further interview revealed the hospital has a contract with the Diabetes Center to provide education to patients but the center was not consulted on this patient. Continued interview confirmed there was no nursing documentation the patient had been educated on insulin administration and calculating dosages of sliding scale insulin before discharge." Interview with the Risk Manager on September 4,	A 395	Concurrent audits of diabetic patients by the Diabetes center nurses for a period of six months. Audits will include monitoring care plans, will be reviewed monthly by Kathie Hirsch, CNO and Deborah Roberts, Director, Quality/Risk. Discharge planning for patients regarding diabetes will be initiated with admission assessment and will be incorporated within the care plan including insulin teaching for the patient, significant others, and home caregivers. This will include return demonstrations. Depart process includes triggers for education of patients and significant others regarding injectable insulin including return demonstration and written materials to take home. The Diabetes Center nurses are also available to assist.	10/8/12 - 4/8/2013 9/25/12 9/25/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES 176
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 395	Continued From page 2 2012, at 12:30 p.m., in the Risk Management office, confirmed the patient did not receive education on insulin administration and calculating dosages on the sliding scale.	A 395		
A 820	482.43(c)(3), (5) IMPLEMENTATION OF A DISCHARGE PLAN (3) The hospital must arrange for the initial implementation of the patient's discharge plan. (5) As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care. This STANDARD is not met as evidenced by: Based on medical record review and interview, the facility failed to develop an appropriate discharge plan to meet the needs of patients for one (#3) of five patients reviewed. Medical record review revealed patient #3 was admitted to the facility on July 26, 2012, with complaints to include Shortness of Breath which had increased over the past week. Pertinent medical history included diagnoses of Hypertension, Diabetes Mellitus, Parkinson's Disease, Ulcerative Colitis, Obstructive Sleep Apnea, Depression, and Panic Disorder. Review of the History and Physical completed by the physician on July 26, 2012, revealed the patient had "...Diabetes Mellitus uncontrolled...". Review of physician's admission orders written on July 26, 2012, revealed "...Lantus insulin 15 units	A 820	Education for all nurses regarding diabetic patient discharge instructions, return demonstration of insulin administration by patient and significant other is currently in process and will be extended to allow for nurses on leave of absence. Concurrent audits by Diabetes Center nurses regarding depart diabetes education, return demonstration if going home with new injectable insulin prescriptions for a period of 6 months. Will be reviewed monthly by Kathie Hirsch, CNO and Deborah Roberts, Director, Quality/Risk.	11/30/12 10/8/12 - 4/8/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES 177
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 820	Continued From page 3 each evening; accu checks (blood glucose monitoring) before meals and at bedtime; and sliding scale insulin (specific doses of insulin according to the blood glucose range) with each accu check...". Further review of physician's orders dated July 26, 2012, at 11:27 p.m., revealed "...hold PM dose of Lantus (insulin)...". Continued review of physician's orders dated July 27, 2012, at 7:30 a.m., revealed "...Lantus 10 units at bedtime; Novolog (insulin) 3 units TID (three times daily) before meals...". Review of Education notes dated July 26, 2012, at 4:59 p.m., revealed "...Diabetes Standards of Care: Given to/Reviewed with Patient and/or Caregiver...". Further review of the education notes dated July 26, 2012, at 8:00 p.m., revealed patient and family were taught via demonstration about "...blood glucose testing and when; blood glucose testing goals; hypoglycemia (low blood glucose) signs and symptoms and treatment; medication: oral/insulin/other...". Further review of education notes revealed no documentation there was a return demonstration by the patient of correct insulin administration. Review of discharge medications dated August 1, 2012, revealed the patient was ordered ..."Lantus insulin 10 units once daily at bedtime; Novolog insulin three times daily before meals and at bedtime, medium sliding scale as instructed...". Interview with the Nurse Manager of Cardiology, the unit where the patient was admitted, on September 4, 2012, at 11:15 a.m. in the Risk Management conference room, revealed the spouse stated, at discharge, the patient had not received proper education regarding insulin	A 820		

DEPARTMENT OF HEALTH AND HUMAN SERVICES 178
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	440133	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 820	Continued From page 4 administration. Further interview revealed the hospital has a contract with the Diabetes Center to provide education to patients but the center was not consulted on this patient. Continued interview confirmed there was no nursing documentation the patient had been educated on insulin administration and calculating dosages of sliding scale insulin before discharge." Interview with the Risk Manager on September 4, 2012, at 12:30 p.m., in the Risk Management office, confirmed the patient did not receive education on insulin administration and calculating dosages on the sliding scale.	A 820	Diabetes Center was not asked to consult on this patient. Normal triggers for diabetes educators include blood sugars >180 and A1C >8. Neither applied in this situation. The electronic medical record system will now include a prompt for nursing to consult Diabetes Educator if necessary to ensure all patients are evaluated and educated.	

Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNP53132	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOSPITAL	2000 CHURCH ST NASHVILLE, TN 37236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	1200-8-1 Initial During complaint investigation of #30296, conducted on September 4, 2012, at Baptist Hospital, no deficiencies were cited in relation to the complaint under 1200-8-1, Standards for Hospitals.	H 001		

Division of Health Care Facilities

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE, BLDG. 1
KNOXVILLE, TENNESSEE 37919

October 31, 2012

Mr. Bernard Sherry, Administrator
Baptist Hospital
2000 Church St
Nashville TN 37236

RE: 44-0133

Dear Mr. Sherry:

The East Tennessee Region of Health Care Facilities conducted a complaint investigation on September 4, 2012. A desk review was conducted, based on that review; we are accepting your plan of correction and are assuming that your facility is in compliance with all participation requirements as of October 19, 2012.

If you have any questions, please contact the East Tennessee Regional Office by phone: 865-588-5656 or by fax: 865-594-5739.

Sincerely,

Karen B. Kirby/kg

Karen B. Kirby, RN
Regional Administrator
East TN Health Care Facilities

KK: kg

TN00030295

Attachment D

Copy of Published Public Notice
Letter of Intent

Tab 24

Attachment D

Copy of Published Public Notice

0000215594

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Saint Thomas Midtown Hospital, an existing acute care hospital, owned by Saint Thomas Midtown Hospital with an ownership type of not-for-profit and to be managed by Saint Thomas Midtown Hospital intends to file an application for a Certificate of Need for a full service, 24-hour-per-day/7-day-per-week satellite emergency department facility for patients who require care on an emergency basis. The project will be located at 791 Old Hickory Blvd., Brentwood, Davidson County, TN 37027. The project will be a satellite of the main emergency department at Saint Thomas Midtown Hospital and will be under the sole administrative control of Saint Thomas Midtown Hospital. The project will be physically connected to Premier Radiology Brentwood, located at 789 Old Hickory Blvd., Brentwood, Davidson County, TN 37027. The total number of treatment rooms will be eight. New construction will total 9,250 square feet of space. The total project costs are estimated to be $6,757,172.

Saint Thomas Midtown Hospital in Nashville is licensed by the Board for Licensing Healthcare Facilities as a 683-bed acute care hospital. The proposed satellite emergency department facility will provide the same full emergency diagnostic and treatment services as at the main hospital, but will utilize the adjacent Premier Radiology Brentwood imaging center for diagnostic services such as CT and MRI. The project does not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements. The anticipated date of filing the application is: December 15, 2014. The contact person for this project is Blake Estes, Executive Director of Strategy & Planning, who may be reached at Saint Thomas Health, 102 Woodmont Blvd., Suite 800, Nashville, Tennessee, 37205, 615-284-3990.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Supplemental #1
-Copy-

ST Thomas Midtown Hospital (Emergency Department at Brentwood)

CN1412-049

SUPPLEMENTAL #1
December 29, 2014
11:48 am

DEC 29 2014

December 29, 2014

Via Hand Delivery

Phillip M. Earhart
Health Services Development Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1412-049
Saint Thomas Midtown Hospital (Emergency Department at Brentwood)

Dear Mr. Earhart:

Thank you for acknowledging receipt of our December 15, 2014 application for a Certificate of Need to establish a full service, 24 hour per day/7 day per week satellite emergency department to be located at 791 Old Hickory Blvd., Brentwood (Davidson County), TN 37027.

We received your request for supplemental information on December 23rd. **Our responses, below, are provided in triplicate by the deadline of 12:00 noon, Monday December 29, 2014.**

---

1. **Section A., Applicant Profile, Item 2**

   The email contact address of the applicant is listed as blake.estes@sth.org in the letter of intent and the application lists the email address as blake.estes@stthomas.org. Please clarify.

   Response: Due to an update of email systems, the correct email contact address of the applicant is blake.estes@sth.org. A replacement page is provided in **Attachment 1.**

2. **Section A., Applicant Profile, Item 5**

   Please indicate if the proposed emergency department satellite will be operated by a management/operating entity.

Response: The emergency department will be under the sole administrative control of Saint Thomas Midtown Hospital. No management entity is planned.

3. **Section A., Applicant Profile, Item 6**

The provided lease appears to be between Old Hickory Partners, LLC and Middle Tennessee Imaging, LLC d/b/a Premier Radiology. The Agency will need a deed, a purchase agreement, lease agreement, option to lease or other legal document which demonstrates the applicant has a legitimate legal interest in the property on which to locate the project. A fully executed (signed by both parties) Option to Purchase must at least include the expected purchase price, a description of the property with address and the anticipated date of closing. A fully executed Option to Lease must at least include the expected term of the lease and the anticipated lease payments.

Response: A fully executed Option to Sublease is provided in **Attachment 2,** at the same lease terms and payments as the original lease.

4. **Section B, Project Description, Item I.**

a. What is the distance between the applicant's proposed satellite emergency room and TriStar's simultaneously proposed satellite emergency room located at the NE intersection of Old Hickory Boulevard and American Way, Brentwood, TN 37250?

Response: The distance between the two sites is 0.4 miles according to Google Maps.

b. In light of the fact that this is one of two simultaneous review applications does the applicant believe there is a need for two satellite ERs in essentially the same location?

Response: Although located less than a mile apart, both proposed projects share only one defined zip code - 37027, Brentwood/ Nashville. As described in the original CON application (page 19), population growth alone is projected to generate demand in Davidson and Williamson counties for 15 additional treatment rooms excluding planned room closures at West Hospital and TriStar Centennial Medical Center.

c. What will the applicant do if this application is denied?

Response: Saint Thomas Midtown Hospital remains confident that its proposed project demonstrates need, financial feasibility, and will contribute to the orderly development of healthcare, and thus, does not anticipate a denial of the satellite emergency department.

However, in the event of a denial, Saint Thomas Health will re-assess the medical needs of South Davidson county and Williamson county and

respond in the most responsible, effective way possible in its effort to improve the health of the communities it serves.

d. Please indicate the distance from the proposed satellite emergency room to hospitals in the two county service area.

Response: There are 10 hospital emergency departments in the two county (Davidson and Williamson) service area if one also includes the TriStar Centennial Spring Hill satellite emergency department in adjacent Maury County. Of these 10 sites,

- the nearest are TriStar Southern Hills Medical Center at 6.5 miles and Williamson Medical Center at 9.7 miles
- the furthest are TriStar Spring Hill ER at 26.0 miles, TriStar Summit Medical Center at 18.1 miles and TriStar Skyline Medical Center at 17.4 miles
- while affiliated Saint Thomas Midtown Hospital and Saint Thomas West Hospital are 10.3 and 10.9 miles away, respectively.

A profile of driving distances from zip code 37027, where the proposed site is located, to all 11 facilities is provided in the response to question 5.c below. All distances are based on driving estimates from Google Maps.

e. Please provide an overview of the applicant's experience in operating a satellite emergency room.

Response: Saint Thomas Health operates four successful emergency departments in Middle Tennessee that provided more than 167,000 visits in fiscal year 2014. Emergency medicine requires the same resources and expertise, regardless of its location and adjacency to full-service hospitals. The applicant expects no change in the level of service and care for its patients in its satellite emergency department.

Additionally, there are four satellite emergency departments within Ascension Health and two more in the implementation phases in other markets. The applicant, along with its local and national resources, remains confident that it can serve the service area's communities in a safe and qualitative manner.

f. It is noted the applicant states both Midtown and West Hospital emergency have high utilization rates. However, what are the plans of the hospital if the proposed satellite ER does not have an impact on the ER utilization at the main campus and ER visits continue to increase with capacity issues at the main ER?

Response: As successful healthcare planners familiar with the facility operations and services area needs, a shift of patients from the hospital-based ERs to the satellite ER is fully expected. If volumes continue to increase at the hospital-based ERs, for whatever reasons, Saint Thomas

Health will evaluate additional options including other satellite emergency department locations.

g. Please indicate if the applicant will be contracting with a physician group to provide physician services in the proposed satellite ER. If so, please provide a brief overview of the Emergency Physician Group that will be staffing the ER.

Response: Yes, Midtown Hospital will contract with its existing hospital-based ER physician groups to provide physician services in the proposed satellite ER. This will help extend quality and continuity of patient care from the hospital-based ERs to the satellite ER.

As described in the CON application, this project will be staffed with the assistance of the 39 existing board-certified emergency medicine physicians in two groups now providing services at Midtown Hospital and West Hospital. Profiles of these physicians are provided in **Attachment 3.** Final operational details are pending CON approval.

h. What happens if a patient who should have gone to an acute care hospital goes to/is brought to a satellite ER?

Response: With only two exceptions, many patients are at least 10 miles from any type of ER and perhaps even farther from a hospital with heart surgery. The question of which patients "should have gone" to an acute care hospital initially is difficult to determine. When every minute counts in a true emergency, the most appropriate ER may in fact be the one without hospital beds.

The Midtown Satellite ER will be fully staffed, equipped and licensed like a hospital-based ER. Patients requiring a hospital bed or other services available only at a full-service hospital will be triaged and stabilized at the satellite ER then transported by ambulance to a Saint Thomas hospital for appropriate follow up care.

i. It is noted the applicant is planning to provide MRI services at the proposed satellite ER. What are the advantages of having an MRI available in an ER?

Response: MRI is typically not required on an emergent basis but MRI services are already available at the proposed site. Thus, MRI may be considered a "value added" service when required for joint and spinal conditions, chronic pain, etc.

j. Please clarify if the proposed satellite ER will include a helipad.

Response: Due to site limitations, the proposed satellite ER will not have a helipad provided. A helipad is not required for licensure, and this was clarified with the State of Tennessee Department of Health prior to

application. However, the project will have 24/7 ambulance service on-site for expedited transports of acute care patients.

k. Please describe the proposed "flex" psychiatric room. Please clarify if it will be secured.

Response: The "flex" psychiatric exam room will be equipped with all psychiatric security provisions required by all authorities having jurisdiction and applicable codes. The use of sliding wall panels, for example, allows for quick conversion to a standard exam room as the patient mix requires.

l. Please describe the trauma room.

Response: The trauma room is designed as a multiple-bay trauma room as defined within the 2010 AIA Guidelines for Healthcare facilities.

m. Please clarify if mobile crisis staff will have access to conduct assessments. If so, where? Where will law enforcement be located?

Response: Yes, Mobile Crisis staff will have access to conduct an assessment in the patient care area and/or the patient treatment room. If law enforcement agencies are accompanying a patient or needs to interact with the patient, accommodations will be made in the patient care area and/or treatment room.

n. Many times emergency room copays are waived if the patient is admitted inpatient. Please clarify if this arrangement is possible at the proposed satellite ER.

Response: Yes, such arrangements are possible at the satellite ER if they are offered at a traditional hospital-based ER. The Midtown Satellite ER will be licensed and operated as part of Midtown Hospital. All hospital-based billing arrangements, including co-pays and indigent/charity care policies, are applicable to the satellite ER.

o. On Monday December 15, 2014, Tennessee Gov. Bill Haslam unveiled his Insure Tennessee plan, a two year pilot program to provide health care coverage to Tennesseans who currently don't have access to health insurance or have limited options. The program rewards healthy behaviors, prepares members to transition to private coverage, promotes personal responsibility and incentivizes choosing preventative and routine care instead of unnecessary use of emergency rooms. What will the impact of Insure TN have on the applicant's volume projection?

Response: First, Saint Thomas Health's services and facilities are offered to all patients in need of care regardless of payor source. Second, it is widely accepted that uninsured populations are underserved because they pursue as little healthcare as possible due to high costs. Therefore, Saint

Thomas Health seeks to provide the right care at the right time in the right place. The MissionPoint accountable care organization (ACO) is designed to link patients to primary care physicians and a medical home, thus avoiding the use of the ED as a primary care or urgent care clinic. Based on preliminary information available so far, the Insure Tennessee plan is expected to have a minimal impact on Midtown Hospital's Satellite ER volume projections.

p. Please clarify if an ambulance will be stationed at the satellite ED 24 hours/day, 7days/week, 365 days/year for life-threatening transports to full service hospitals.

Response: The proposed satellite ED will have dedicated ambulance service 24/7, provided by Saint Thomas Emergency Medical Services (STEMS), to expedite urgent and emergent transfers to full-service hospitals.

q. The applicant mentions $208,125 in related site work. Please describe the related site work and clarify if it is reflected in the Project Cost Chart.

Response: The related site work includes such items as reworked site grading, site utilities, site lighting, site paving, curbing, etc. This number is included within the Project Cost Chart provided within the initial application.

5. **Section B, Project Description, Item III.B.1**

a. Please clarify why the applicant expects patients to not access the proposed emergency room via public transportation.

Response: The Satellite ER is not intended to be a primary care or urgent care clinic. Saint Thomas Health seeks to provide the right care at the right time in the right place. This is done two ways. First, the MissionPoint accountable care organization (ACO) is designed to link patients to primary care physicians and a medical home. Second, population health initiatives focus on quality and accessible care. Both strive to avoid using the ER as a primary care or urgent care clinic. Those patients who initially might arrive at the Satellite ER by public transportation (i.e., bus) will be connected with primary care physicians and a medical home to avoid future unnecessary ER utilization.

b. Is the proposed site served by public transportation? If so, please briefly describe.

Response: The proposed site is served by Nashville MTA buses, providing both express and local service to downtown Nashville and connecting with other routes throughout the area. Two bus routes are profiled in **Attachment 4.**

c. Please complete the following table that shows distance to existing ERs for the applicant's primary service area zip codes:

Response: Please see the tables below for driving distances and times to existing ERs in the Midtown Hospital Satellite ER's primary service area zip codes. Based on Google maps, the average driving distance is 23.6 miles and the average driving time is 32.3 minutes.

As reported previously, select point-to-point measures from the Midtown Hospital Satellite ER are:

- the nearest - TriStar Southern Hills Medical Center at 6.5 miles and Williamson Medical Center at 9.7 miles
- the furthest - TriStar Spring Hill ER at 26.0 miles, TriStar Summit Medical Center at 18.1 miles and TriStar Skyline Medical Center at 17.4 miles
- affiliated Saint Thomas Midtown Hospital and Saint Thomas West Hospital - 10.3 and 10.9 miles, respectively.

Driving Distance (in Miles) to Existing ERs
Primary Service Area Zip Codes

	37069 Franklin	37027 Brentwood/ Nashville	37067 Franklin	37135 Nolensville	37064 Franklin	37179 Thompson's Station
Vanderbilt University Medical Center	12.8	16.3	23.0	26.8	22.5	32.9
Saint Thomas West Hospital	11.6	16.6	23.3	27.1	21.4	33.2
Saint Thomas Midtown Hospital	13.7	16.0	22.7	26.5	27.6	32.6
TriStar Centennial Medical Center	14.2	17.2	23.9	27.7	23.9	33.8
Metropolitan Nashville General Hospital	15.7	16.8	23.4	27.2	28.4	33.4
TriStar Skyline Medical Center	22.5	23.2	29.8	29.7	34.8	39.8
TriStar Southern Hills Medical Center	15.7	8.7	19.0	11.3	23.9	28.9
TriStar Summit Medical Center	25.5	23.8	30.5	28.5	35.4	40.4
Williamson Medical Center	11.9	7.9	3.8	9.8	9.5	14.5
TriStar Spring Hill ER	28.1	24.1	20.5	29.0	17.4	7.4

Note: Zip code 37024 includes PO boxes in zip code 37027
Note: Zip code 37065 includes PO boxes in zip code 37064
Note: Zip code 37068 includes PO boxes in zip code 37064
Source: Google Maps

Driving Time (in Minutes) to Existing ERs
Primary Service Area Zip Codes

	37069 Franklin	37027 Brentwood/ Nashville	37067 Franklin	37135 Nolensville	37064 Franklin	37179 Thompson's Station
Vanderbilt University Medical Center	28	23	28	34	40	39
Saint Thomas West Hospital	23	22	26	33	35	37
Saint Thomas Midtown Hospital	31	22	26	32	39	37
TriStar Centennial Medical Center	30	25	30	36	42	40
Metropolitan Nashville General Hospital	29	24	28	35	41	39
TriStar Skyline Medical Center	40	35	35	39	47	45
TriStar Southern Hills Medical Center	30	18	25	24	38	36
TriStar Summit Medical Center	38	29	33	35	46	44
Williamson Medical Center	23	14	7	16	22	21
TriStar Spring Hill ER	36	28	23	31	27	19

Note: Zip code 37024 includes PO boxes in zip code 37027
Note: Zip code 37065 includes PO boxes in zip code 37064
Note: Zip code 37068 includes PO boxes in zip code 37064
Source: Google Maps

6. **Section B, Project Description, Item IV**

   The floor plan of the proposed satellite is noted. However, please indicate why the applicant believes waiting room with a capacity of 14 is adequate to serve an 8 treatment room emergency room.

   Response: While there are no governing codes dictating the number of waiting chairs within a Satellite ER, a standard department of this size is typically programmed at 1.5 chairs per exam room. This Satellite ER waiting room has been sized appropriately to allow for 1-2 family members within the treatment space.

7. **Section C, Need. Item 1 (Project Specific Criteria) Construction, Renovation, Item 3.a**

   How were these standards developed (Industry 1500 and HCA 1800)? Did they consider factors such as average minutes per room, average minutes per level of care and room occupancy differences between 7-3, 3-11, and 11-7 shifts? If yes, how so?

   Response: A search of literature from the American College of Emergency Physicians (ACEP) did not reveal any recent articles on the development of the 1,500 visits per treatment room per year standard. However, an August 14, 2014 article in ACEP *Now* titled, "Emergency Department Benchmarking Alliance Reports on Data Survey for Next Generation ED Design," cites 1,368 "patients seen per ED bed" as the 2013 survey result for Adult EDs.

   Midtown Hospital cannot respond to the HCA 1800 benchmark.

8. **Section C, Need. Item 1 (Project Specific Criteria) Construction, Renovation, Item 3.b**

   The applicant states 2 emergency department rooms are being lost to provide space for a CT scanner at the West Hospital. Please clarify the reason why the applicant chose to lose two emergency rooms at the West hospital while the applicant states ER utilization is high at the West hospital. Were there any other alternatives in choosing the site of the CT scanner other than in the 2 ER rooms?

   Response: The CT was needed for streamlining quality and timely patient care. Due to space limitations in and around the West ED, the only viable option was to locate the CT where existing treatment rooms were. This was not a desirable option, but the only one available. This decision has improved patient care but stressed throughput.

9. **Section C, Need, Item 4. A and B**

   a. Population projections in Exhibits 8-14 are noted. However, please revise to reflect 2014 and 2018 population projections.

      Response: Revised pages for Exhibits 8-14 and accompanying text are provided in **Attachment 5**.

   b. Please provide population projections for the ZIP Codes in the proposed service area.

      Response: ZIP Code level pages, similar to Exhibits 8-14 above, and accompanying text are provided in **Attachment 6**.

10. **Section C, Need, Item 5.**

   a. It is noted in Exhibit 15 Saint Thomas West is the only hospital in the service area to experience a decline in ED utilization from 2011-2013. Please provide factors that have influenced the decline.

      Response: Both Saint Thomas West Hospital and Saint Thomas Midtown Hospital are consolidating services across both campuses in order to achieve operational efficiencies and provide higher quality patient outcomes. As healthcare reimbursement transitions from volume-based to value-based, Saint Thomas Health seeks to provide the right care at the right time in the right place. The MissionPoint accountable care organization (ACO) is designed to link patients to primary care physicians and a medical home, thus avoiding the use of the ED as a primary care or urgent care clinic.

      While West Hospital's ED visits declined an average of 0.9% annually from 2011 to 2013, ED visits at Midtown Hospital increased an average of 1.6% annually. In this context, ED visits across the health system actually increased. More important than the trend at a single hospital is the trend in demand for ED services in the proposed nine zip code service area, where ED visits increased 2.0% annually. Please refer to data presented in the original CON application, Exhibit 3, page 16.

   b. Also, what percentage ER patients typically are admitted as inpatients and what percentage of ER patients are typically admitted for observation. Please discuss the pros and cons of these patients going to an ER at a

hospital versus going to a satellite ER that would require a transfer by ambulance.

Response: In fiscal year 2014, approximately 16% of Saint Thomas Midtown Hospital emergency department patients were admitted as an inpatient and approximately 7% were admitted as an observation patient.

As these data indicate, more than three quarters of ER patients do not require a bed of any type, be it a regular inpatient bed or an observation bed. For the vast majority of ER patients, care at a satellite ER can be delivered more quickly, closer to home, with less travel time to downtown Nashville.

For the minority of ER patients who do require a bed of some type for at least a few hours, care at a satellite ER also can be delivered more quickly, closer to home and with less travel time to downtown Nashville. Every minute counts in a true emergency. An ambulance transfer is a minor inconvenience compared to more quickly stabilizing a patient in an emergent and potentially life threatening condition.

c. It appears that ER visits both Midtown and West combined only increased 1.1% between 2011 and 2013. Please explain the need to add ER capacity at all.

Response: Based upon industry standards for ER utilization, existing treatment rooms at both Midtown and West are at capacity. Please refer to data presented in the original CON application, Exhibit 16, page 28. In 2013, Midtown's ER operated at 95.6% capacity while West's ED was at 75.9% capacity. Combined, both facilities were at 86.8% capacity and West is slated to lose two ED treatment rooms to provide space for a much needed ED CT scanner. It is very difficult to expand further when already at capacity.

11. **Section C, Need, Item 6.**

a. Please provide ER trends for all hospitals in service area, including a sub-total for all Tri-Star hospitals and for all Saint Thomas hospitals.

Response: Data are presented below, as requested, from the Joint Annual Reports for hospitals. Of particular note is the increased reporting of patients who left area ERs without being seen.

SUPPLEMENTAL #1
December 29, 2014
11:48 am

	Presented in ER		
Hospital ER	**2011**	**2012**	**2013**
Saint Thomas Midtown Hosp	50,050	52,064	51,643
Saint Thomas West Hosp	33,973	34,174	33,400
Subtotal STH	**84,023**	**86,238**	**85,043**
TriStar Centennial Med Cntr	34,534	38,774	48,146
TriStar Skyline Med Cntr	52,637	56,707	54,922
TriStar Southern Hills Med Cntr	36,633	41,520	42,383
TriStar Summit Med Cntr	47,191	52,870	51,552
Subtotal HCA	**170,995**	**189,871**	**197,003**
Nashville Gen Hosp	33,199	34,214	36,536
Vanderbilt Univ Hosps	109,987	114,051	128,136
Williamson Med Cntr	35,961	37,946	36,184
Total	**434,165**	**462,320**	**482,902**

	Treated in ER		
Hospital ER	**2011**	**2012**	**2013**
Saint Thomas Midtown Hosp	50,050	52,064	51,643
Saint Thomas West Hosp	33,637	33,490	33,006
Subtotal STH	**83,687**	**85,554**	**84,649**
TriStar Centennial Med Cntr	34,534	38,774	48,146
TriStar Skyline Med Cntr	50,749	54,742	54,598
TriStar Southern Hills Med Cntr	36,083	40,632	41,495
TriStar Summit Med Cntr	47,981	52,862	50,834
Subtotal HCA	**169,347**	**187,010**	**195,073**
Nashville Gen Hosp	33,199	34,214	36,536
Vanderbilt Univ Hosps	109,987	114,051	119,225
Williamson Med Cntr	35,396	37,716	36,176
Total	**431,616**	**458,545**	**471,659**

	ER Patients Presented then Left		
Hospital ER	**2011**	**2012**	**2013**
Saint Thomas Midtown Hosp	0	0	0
Saint Thomas West Hosp	336	684	394
Subtotal STH	**336**	**684**	**394**
TriStar Centennial Med Cntr	0	0	0
TriStar Skyline Med Cntr	1,888	1,965	324
TriStar Southern Hills Med Cntr	550	888	888
TriStar Summit Med Cntr	-790	8	718
Subtotal HCA	**1,648**	**2,861**	**1,930**
Nashville Gen Hosp	0	0	0
Vanderbilt Univ Hosps	0	0	8,911
Williamson Med Cntr	565	230	8
Total	**2,549**	**3,775**	**11,243**

Source: TN Joint Annual Reports

b. Historical ER visits in application don't match with JAR. Please explain. If needed, please revise and resubmit historical ER visit data.

Response: ER visits are reported in the JARs two ways – as patients presenting and as patients treated. Not all patients presenting in the ER are eventually treated in the ER. When using JAR data, Midtown's application focused on the lower and more conservative numbers of patients treated as opposed to patients presenting.

A second data source is the Tennessee Hospital Association's ER patient origin data. While there are some discrepancies between the THA and JAR data, this is not unusual and does not materially alter the conclusions of need for additional ED capacity in Midtown's proposed service area.

c. If a Davidson County health care provider opened an urgent care close to the proposed satellite ER site, what impact would that cause on the projected utilization? Are there existing urgent care centers in the applicant's service area?

Response: As indicated below, five urgent care centers have been identified in Midtown's proposed service area. As indicated in the map in **Attachment 7,** one is already very close to Midtown's proposed site. This

is not a concern for Midtown's proposed 24/7 satellite ER as most urgent care centers are open fewer hours and serve patients with lesser acuity.

Local Urgent Care Centers

Facility	Zip Code
CareSpot Urgent Care	37027
Fast Pace Urgent Care Clinic	37027
Physicians Urgent Care	37027
CareSpot Urgent Care	37067
Concentra	37067

Source: Google

d. Please clarify if there is a shortage of primary care physicians in the applicant's service area that would force patients to go to an emergency room for routine treatment.

Response: There is a shortage of primary care physicians nationwide and Midtown's service area is no different. At the same time, healthcare reimbursement for both providers and patients is transitioning from volume-based to value-based. Saint Thomas Health seeks to provide the right care at the right time in the right place. The MissionPoint accountable care organization (ACO) is designed to link patients to primary care physicians and a medical home, thus avoiding the use of the ED as a primary care or urgent care clinic. MissionPoint was the first ACO in the Nashville area and, with approximately 110,000 covered lives, is the largest in Middle Tennessee.

e. Please complete the following table for ER patient origin by zip code for CY 2014 (January-October Annualized) for zip codes with patient origin over 0.15%.

Response: Please refer to **Attachment 8** for requested data for Midtown Hospital.

f. Please complete the following table for Mid-Town Hospital Patients Presenting 2012-2018 by level Acuity.

Response: Requested data are presented below.

Mid-Town Hospital Emergency Department Patients Presenting 2012-2-18 By Level of Acuity							
						Satellite Yr 1	Satellite Yr 2
	2012	2013	2014	2015	2016	2017	2018
Main ED							
Level I	3,431	3,407	3,221	3,367	3,468	3,536	3,603
Level II	9,497	9,432	8,916	9,321	9,601	9,787	9,974
Level III	13,291	13,201	12,479	13,046	13,437	13,698	13,959
Level IV	19,342	19,210	18,160	18,984	19,554	19,933	20,313
Level V	6,425	6,381	6,032	6,306	6,495	6,621	6,747
Subtotal	51,985	51,630	48,808	51,024	52,555	53,575	54,596
Satellite ED							
Level I						406	557
Level II						1,125	1,542
Level III						1,574	2,158
Level IV						2,290	3,140
Level V						761	1,043
Subtotal						6,155	8,439
Total Combined ED's	51,985	51,630	48,808	51,024	52,555	59,730	63,035

g. Please define levels I-V in the above chart.

Response: Descriptions are provided below.

Level 1 - Non-urgent: needs treatment when time permits
Level 2 - Semi-urgent: not life threatening
Level 3 - Urgent: not life threatening
Level 4 - Emergency: could become life threatening
Level 5 - Immediate: life threatening

h. Please complete the following chart for patient projection by Zip code in Yr. One of the proposed satellite ED project (2017) for zip codes with patient origin over 0.15%.

Response: Year Two patient projections down to 0.15% equals just 13 patients and are not feasible for individual zip codes. Patient locations which we feel can be projected with some basis of accuracy are presented below, based on population distribution among the zip codes.

Patient Zip Code	Patient City	Patient County	Total	Cumulative Patients	% by Zip Code	Cumulative %	Projected Patients 2017
37024/37027	Brent./Nash.	D/W	2,383	2,383	28.2%	28.2%	2,383
37064/37065, 068	Franklin	W	2,239	4,622	26.5%	54.8%	2,239
37067	Franklin	W	1,150	5,772	13.6%	68.4%	1,150
37069	Franklin	W	907	6,679	10.7%	79.1%	907
37135	Nolensville	W	466	7,145	5.5%	84.7%	466
37179	Thomp. Sta.	W	527	7,672	6.2%	90.9%	527
Subtotal			7,672	7,672	90.9%	90.9%	7,672
Other Davidson	Various	D	256	7,928	3.0%	93.9%	256
Other Williamson	Various	W	256	8,184	3.0%	96.9%	256
Other	Various	n/a	256	8,440	3.0%	99.9%	256
Total			8,439				8,439

i. Please provide patient destination by ZIP Code in proposed ZIP Code service area for 2013 in the table below.

Response: Requested data are presented below.

	Zip Codes									
Hospital ER	**37024**	**37027**	**37064**	**37065**	**37067**	**37068**	**37069**	**37135**	**37179**	**Total**
Saint Thomas Midtown Hosp	11	485	201	1	107	3	105	78	35	1,026
Saint Thomas West Hosp	17	610	314	7	116	5	348	40	44	1,501
Subtotal STH	**28**	**1,095**	**515**	**8**	**223**	**8**	**453**	**118**	**79**	**2,527**
TriStar Centennial ED Spring Hill		9	130	1	11		8	2	583	744
TriStar Centennial Med Cntr	5	563	280	4	185	3	113	99	77	1,329
TriStar Skyline Med Cntr	3	67	40	1	22		15	8	5	161
TriStar Southern Hills Med Cntr	10	673	130		68	2	27	212	22	1,144
TriStar Summit Med Cntr	5	76	56		25		13	20	13	208
Subtotal HCA	**23**	**1,388**	**636**	**6**	**311**	**5**	**176**	**341**	**700**	**3,586**
Nashville Gen Hosp	4	66	47		10		14	24	7	172
Vanderbilt Univ Hosps	32	2,018	1,553	9	705	36	703	385	303	5,744
Williamson Med Cntr	21	3,091	9,554	28	3,708	42	1,429	621	1,487	19,981
All Other Facilities	20	497	559	9	212	27	138	570	189	2,221
Total	**128**	**8,155**	**12,864**	**60**	**5,169**	**118**	**2,913**	**2,059**	**2,765**	**34,231**
Source: THA Market IQ										

12. **Section C. Economic Feasibility Item 1 (Project Cost Chart) and Item 3**

    It is noted the applicant lists construction costs as $2,477,683 in the Project Costs Chart. Please clarify why the construction costs are listed as $2,685,808 in a construction letter dated December 8, 2014 located in Attachment C.

    Response: The architect's construction letter cites "aggregate" construction costs, which are a combination of construction of $2,477,683 plus site preparation of $208,125 for a total of $2,685,808.

13. **Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

    a. The applicant reported figures in the Historical and Projected Data Chart in the thousands. Please revise these charts to reflect the actual figures and resubmit.

       Response: The values reported in the Historical and Projected Data Chart, rounded to the nearest thousand dollars, are consistent with the financial audit presentation prepared by Ernst & Young and provided in Tab 15, Attachment C of the original CON application. With annual historical revenues at Midtown well in excess of $1.3 billion dollars, the extra detail "missing" in an amount of even $999.99 represents a "rounding error" of less than 0.00007%, or seven one-hundred-thousands of one percent. We respectfully ask the Agency to evaluate the data provided, as provided, which conforms to public accounting standards. This format is also consistent with information provided by Midtown in previous CON applications and previously accepted by the Agency.

    b. Please provide a historical data chart for Mid-Town Hospital's Emergency Department.

       Response: Please see **Attachment 9**.

    c. Please provide a projected data chart for the proposed Satellite Emergency Room only.

       Response: Please see **Attachment 10**.

d. The Historical and Projected Data Charts are noted. However, please clarify what services are represented in the charts. Are the charts for the West and Mid-town Hospital combined? Please label the charts with which hospital or services are reflected in the charts.

Response: The Historical and Projected Data Charts are presented for the applicant only, Midtown Hospital. All services at Midtown Hospital are included. Re-labeled charts are presented in **Attachment 11**.

14. **Section C, Economic Feasibility, Item 5 and 6**

The average gross charge, average deduction from operating revenue, and average net charge is noted. However, there is no Projected Data Chart for the proposed Emergency room to verify the charges. A request to provide a projected data chart for the proposed satellite emergency room has been requested; please check the charges against the requested Projected Data Chart. If needed, please revise charges on pages 34 and 39.

Response: Requested information has been provided. Charge revisions on pages 34 and 39 are not required.

15. **Section C, Economic Feasibility, Item 6B**

Exhibit 21 is noted. However, please explain the "service mix index" and the "Service Mix Average charge to 1.00".

Response: The service mix index is a measure of patient acuity used by CMS for Medicare patients to differentiate levels of patient care required. The higher the index value, the greater the patient's needs and the greater the provider's reimbursement.

To compare charges from one facility to another, one must first adjust for different levels of patient acuity at each facility. This is accomplished by dividing the facility average charge by the facility service mix index, or comparing charges at all facilities as if they had a common service mix index equal to 1.00.

16. **Section C, Economic Feasibility, Item 8**

A projected data chart has been requested from the applicant for the proposed Satellite Emergency room. If the requested Projected Data Chart shows losses in

the first two years of the proposed project, when does the applicant expect to break even with this project?

Response: Midtown's project is expected to be profitable in Year Two.

17. **Section C, Economic Feasibility, Item 9**

a. The participation of Mid-Town Hospital in state and federal programs is noted. However, please address the question specific to the proposed satellite emergency room project.

Response: Midtown's satellite ER will be licensed as part of Midtown Hospital and will follow Midtown Hospital's existing payor contracts.

Like Midtown Hospital, the satellite ER also will participate in both the Medicare and TennCare/Medicaid programs and will provide patient care regardless of payor source. Based on Year One projected data, Midtown's satellite ER will have an estimated payor mix (based on gross charges) of 36.8% Medicare, 6.0% Medicaid/TennCare and 10.1% self pay. In addition, Midtown satellite ER proposes to provide $532,571 in charity care in Year 1 and $730,198 in Year 2.

b. What is the payor mix of ERs in the service area?

Response: 2013 data from the Tennessee Hospital Association are presented below.

ER Visits by Payor, 9 Zip Service Area, 2013

Payer Group	Total	Percentage
BC/BS & BC Managed Care	9,187	26.8%
Medicare	8,600	25.1%
Comm & Comm Managed Care	7,833	22.9%
Self-Pay	3,701	10.8%
TennCare	3,699	10.8%
All Other	862	2.5%
Cover Tennessee	282	0.8%
Indigent / Free Care	47	0.1%
Medicaid (not Tenncare)	22	0.1%
Unknown	1	0.0%
Total	**34,234**	**100.0%**

Source: THA Market IQ

18. Section C, Economic Feasibility, Item 10

The Acension Consolidated Balance Sheet ending June 30, 2014 list current total liabilities in the amount of $5,014,449,000 and total current assets in the amount of $4,622,537,000. Please clarify the financial feasibility of the project when current liabilities exceed current assets by $391,912,000. If needed, please provide additional Financial Statements that demonstrates financial feasibility.

Response: Concern of the financial feasibility of the project is surprising. Construction cost for the proposed project is less than $5 million. The same balance sheet referenced indicates over $618 million in cash and equivalents, so the expenditures represent less than 1% of cash on hand. The project possesses full support of Saint Thomas Health and Ascension, and additional debt or any other financing is not required for the project. The applicant, along with its parent company Saint Thomas Health, is investing hundreds of millions of dollars into improving healthcare delivery in Middle Tennessee, and this project represents a minute expense in the company's overall investment into its health system.

For reference, a Saint Thomas Health balance sheet for the period ended November 30, 2014, represented in thousands of dollars, is provided in **Attachment 12**.

19. Section C, Orderly Development, Item 1.

a. What is the closest hospital to the proposed satellite emergency room? Is there a transfer agreement with that hospital? If not, why?

Response: The nearest hospitals are TriStar Southern Hills Medical Center at 6.5 miles and Williamson Medical Center at 9.7 miles. While the proposed Midtown Satellite ED does not have a transfer agreement with these two facilities, affiliated Saint Thomas Midtown Hospital and Saint Thomas West Hospital are only 10.3 and 10.9 miles away, respectively. Given a common patient registration system, medical record and physician staffing, ED patients are expected to be transferred within the Saint Thomas Heath system to promote continuity and quality of patient care. Furthermore, a STEMS ambulance and crew will be based at the satellite ED 24/7.

b. Please define the Emergency Medical Treatment and Labor Act (EMTALA).

Response: The CMS.gov web site, opening paragraph, defines EMTALA this way, "In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented." Like the hospital ED, the Midtown Satellite ED will also comply with EMTALA regulations.

c. Please indicate where emergency OB patients will be referred for treatment from the proposed satellite ER. Also, please clarify if the OB patients would be admitted directly to the receiving facility, or would need to admit through the receiving hospital's ER.

Response: Like other patients described above, OB patients will be transferred to Midtown Hospital. Midtown has an OB triage area and satellite ED patients will be registered already at Midtown through the Satellite ED admission and intake processes.

20. Section C, Orderly Development, Item 2.

a. Please explain the difference between an Urgent Care Clinic and a Satellite ER. Please include hours of operation, the patient costs (including copay) for each service, and any CPT code overlap.

Response: The Physician Urgent Care Clinic, for example, is only open 9:00 a.m. to 9:00 p.m., 7 days, whereas the Satellite ED is a 24/7 facility including all holidays. Midtown's Satellite ED will have the same payment policies as its hospital ED. While a freestanding ED is probably more costly than an urgent care center, Midtown's Satellite ED will be accessible to TennCare and indigent/charity care patients.

b. Please complete the following chart indicating if the following conditions can be treated at an urgent care, hospital emergency room, or satellite ER.

Response: Though we have attempted to comply by completing the chart, the categories provided by the Agency are very generic and extremely broad. For example, a "broken bone" can refer to a fractured finger or a fractured femur, each requiring vastly differently levels of care.

Condition/Need	Urgent Care	Saint Thomas Midtown ER	Proposed Satellite ER
Broken Bones	X	X	X
Basic Lab Services	X	X	X
Complex Lab Services		X	X
Basic Radiological Services	X	X	X
Complex Radiological Services		X	
Fevers/Rashes	X	X	X
Sore Throat/ Ear Infections	X	X	X
Orthopedic Care Requiring an MRI		X	X
Prescriptions Written	X	X	X
Migraines	X	X	X
Minor Burns	X	X	X
Respiratory Infections	X	X	X
X-Rays		X	X
Advanced Life Support		X	X
Severe Chest Pain		X	X
Deep Puncture Wounds		X	X
Traumatic Injuries		X	X
Dizziness	X	X	X
Patients in Labor with medical problems		X	X
Patients requiring surgery		X	X
The Flu	X	X	X
Back Pain	X	X	X
Sprains	X	X	X
Toothache	X	X	X

21. Section C, Orderly Development, Item 3.

a. Since the proposed service is a 24/7 service. Please complete the following chart:

Response: Staffing in any clinical hospital department, including a satellite ER, is fluid and changes often, depending on the volume trends of the department. Below is an estimate of staffing trends based on expected volumes by shift, but is subject to change as we respond to the changing volumes and clinical needs at the emergency department.

Position	7-3 # FTEs	3-11 # FTEs	11-7 # FTEs
RN	4.4	6.4	3.8
EVS Tech	1.4	2.1	1.2
Lab Tech	1.4	2.1	1.2
Registration	1.4	2.1	1.2
Pharmacy	0.4	0.6	0.3
Total	9.1	13.3	7.9

b. Please clarify if there will be security available at the proposed satellite ER. If so, why is it not included in the staffing?

Response: Adequate security coverage is planned for the site. It is anticipated to be a contacted service, so it is included in the "Other Expenses" category.

22. Section C, Orderly Development, Item 7.

The general Joint Commission Accreditation Quality Report is noted. Please provide a copy of the most recent Joint Commission survey that was issued to Midtown.

Response: The most recent Joint Commission survey is provided in **Attachment 13.**

SUPPLEMENTAL #1
December 29, 2014
11:48 am

23. Project Forecast Completion Chart

The applicant has indicated the Agency initial decision date as December 2014 in the Project Forecast Completion Chart. The earliest this application will be heard by the agency is March 2015. Please revise and resubmit.

Response: A clerical error is noted in top line only. A revised page is included in **Attachment 14.**

We hope these responses are sufficient to deem this CON application complete. A notarized affidavit is provided in **Attachment 15**.

Given the holiday timing, I may be reached by cell at 615.504.8761 or by email at Blake.Estes@sth.org to clarify any other matters.

Sincerely,

Blake Estes
Executive Director, Strategy & Planning

attachments

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 1

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 4

MTA Schedule Displays Around Town

Andrew Johnson Building, 710 James Robertson Parkway
Anthem Career College, 560 Royal Parkway
Belmont University, 1900 Belmont Boulevard
Bridgestone Arena, 501 Broadway
City Hall & Metro Courts, 1 Public Square
Daymar Institute, 340 Plus Park Boulevard
Davy Crockett Building, 500 James Robertson Parkway
Justice A.A. Birch Building, 408 2nd Avenue North
Lincoln College of Technology, 1524 Gallatin Road
Looby Center and Library, 2301 Rosa L. Parks Boulevard
Metro Board of Education, 2601 Bransford Avenue
Metro General Hospital, 1818 Albion Street
MTA Madison Headquarters, 430 Myatt Drive
Music City Central, 400 Charlotte Avenue
Nashville Downtown Library, 615 Church Street
Peabody College Post Office, 230 Appleton Place
Riverfront Regional Rail Station, 108 1st Avenue North
Tennessee Dept. of Human Services, 1000 2nd Avenue North
Tennessee Performing Arts Center, 505 Deaderick Street
Tennessee State University, 3500 John A. Merritt Boulevard
Vanderbilt University Post Office, 2301 Vanderbilt Place
Watkins College of Art, Design & Film, 2298 Rosa L. Parks Boulevard
William R. Snodgrass Tennessee Tower, 311 7th Avenue North

For a list of other locations for specific areas, please call MTA Customer Care at **(615) 862-5950.**

Bus Stops

Most MTA bus stops are marked with a blue-and-white sign. If no bus stops are visible in the area where you wish to board, please go to the nearest intersection of the street traveled by your bus and flag the bus down when it comes into view.

Music City Central

The main transfer station is located at Music City Central (400 Charlotte Avenue).

Destination Signs

Every MTA bus is marked with a route number as well as the destination name or area. All express routes are designated by an "X" following the route number. If you have questions about where a bus is going, please ask the driver as you board.

Park & Ride

Several bus routes provide Park & Ride service, which allows you to park your car at no charge and ride an MTA bus. MTA passengers are permitted to use Park & Ride lots as complimentary services by owners of the lots.

Snow Route Detours

Be prepared for winter weather and pick up your MTA snow route detours brochure today. Snow route information may be found at MTA displays around town, on MTA buses, online at **nashvillemta.org**, or by calling Customer Care at **(615) 862-5950.**

Fares

Adult – Local, Airport & BRT Lite Services	$1.70
Express Service	$2.25
Senior *(ages 65 and older; please show driver proof of age before depositing fare)*	$ .85
People with Disabilities and Medicare Cardholders *(please show driver special identification card before depositing fare)*	$ .85
Youth Fare *(ages 19 and younger; please alert driver before depositing fare and be prepared to show proof of age upon request)*	$1.00
Children ages 4 and younger	No Charge

Services for Medicare Cardholders, Seniors, or People with Disabilities

Medicare cardholders, who are not elderly or disabled, qualify for a reduced MTA fare of 85 cents on MTA buses with their Medicare ID.

Seniors age 65 and older and people with disabilities qualify for a reduced MTA fare of 85 cents on MTA buses with one of the following ID cards: Medicare, Seniors-MTA Golden Age, or driver's license; Disabled-Medicare, MTA Special Service, or other transit ID card for the disabled.

Passengers whose disabilities prevent them from using the large MTA buses may qualify for special door-to-door van service through the MTA AccessRide Program. Please call the MTA AccessRide Office at **(615) 880-3970** for more information or visit the MTA website at **nashvillemta.org.**

MTA Passes

For your convenience, passes are available for purchase at Music City Central (400 Charlotte Avenue), online at **nashvillemta.org**, or by phone at (615) 862-5950. In addition, passes may be requested via mail by sending the request to the MTA Administrative Office address.

All-Day Pass	$5.25	7-Day Pass	$24.00
All-Day		31-Day Pass	$84.00
Discounted Pass	$3.25	31-Day	
All-Day Youth Pass	$3.50	Discounted Pass	$44.00
20-Ride Local	$32.00	Quest 7-Day	
20-Ride Express	$42.00	Youth Pass	$16.00
20-Ride		Quest 31-Day	
Discounted Pass	$17.00	Youth Pass	$58.50

Cash, checks, money orders, and credit cards are accepted for these purchases. A shipping fee will be applied to all mail, phone and online orders.

Express Upgrades: Deposit an extra 50 cents to use a 20-Ride Local Pass on an express bus.

For more information, please call MTA Customer Care at **(615) 862-5950** *or visit our website at* **nashvillemta.org.**

All MTA buses are accessible and equipped with bike racks.

Holiday Service

On the following major holidays, MTA operates service on a Sunday/Holiday schedule:
• New Year's Day • Memorial Day • Independence Day • Labor Day • Thanksgiving • Christmas
On Martin Luther King Jr. Day, MTA operates service on a Saturday schedule.

MTA Office Hours

Customer Care Call Center: **(615) 862-5950**
6:30 a.m. to 6:30 p.m. – Monday-Friday
8:00 a.m. to 5:00 p.m. – Saturday
10:30 a.m. to 2:30 p.m. – Sunday
Closed holidays

Ticket Sales and Information at Music City Central
400 Charlotte Avenue
6:00 a.m. to 6:30 p.m. – Monday-Friday
8:00 a.m. to 5:00 p.m. – Saturday
10:30 a.m. to 2:30 p.m. – Sunday
Closed holidays

Music City Central – Hours of Operation
400 Charlotte Avenue
5:15 a.m. to 11:15 p.m. – Monday-Friday
6:00 a.m. to 10:15 p.m. – Saturday
6:00 a.m. to 9:15 p.m. – Sundays and holidays

Administrative Offices: **(615) 862-5969**
430 Myatt Drive, Nashville, TN 37115
8:00 a.m. to 4:30 p.m. – Monday-Friday
Closed weekends and holidays

Metropolitan Transit Authority
430 Myatt Drive, Nashville, TN 37115

designed by CHK America – chkamerica.com

EasyRide Commuter Benefits

Benefits to employers
- Saves tax dollars
- On-site parking becomes a non-issue
- Less-stressed employees

Benefits to employees
- Cuts taxable income
- Reduces car expenses
- Arrive at work relaxed

For more information, contact MTA at **(615) 862-5969** *or ask your Human Resources Director about commuter benefits.*

EasyRide
MTA-RTA COMMUTER PROGRAM

Thank you for riding with the Nashville MTA

We appreciate your business!

Nashville MTA

212 Tusculum/McMurray Express

SUPPLEMENTAL

December 29, 2014 1:48 am

37X

Cole Elementary School
Dollar General Park & Ride
Four Points by Sheraton
Music City Central - Bay 21
Nippers Corner

EXPRESS

Nashville MTA

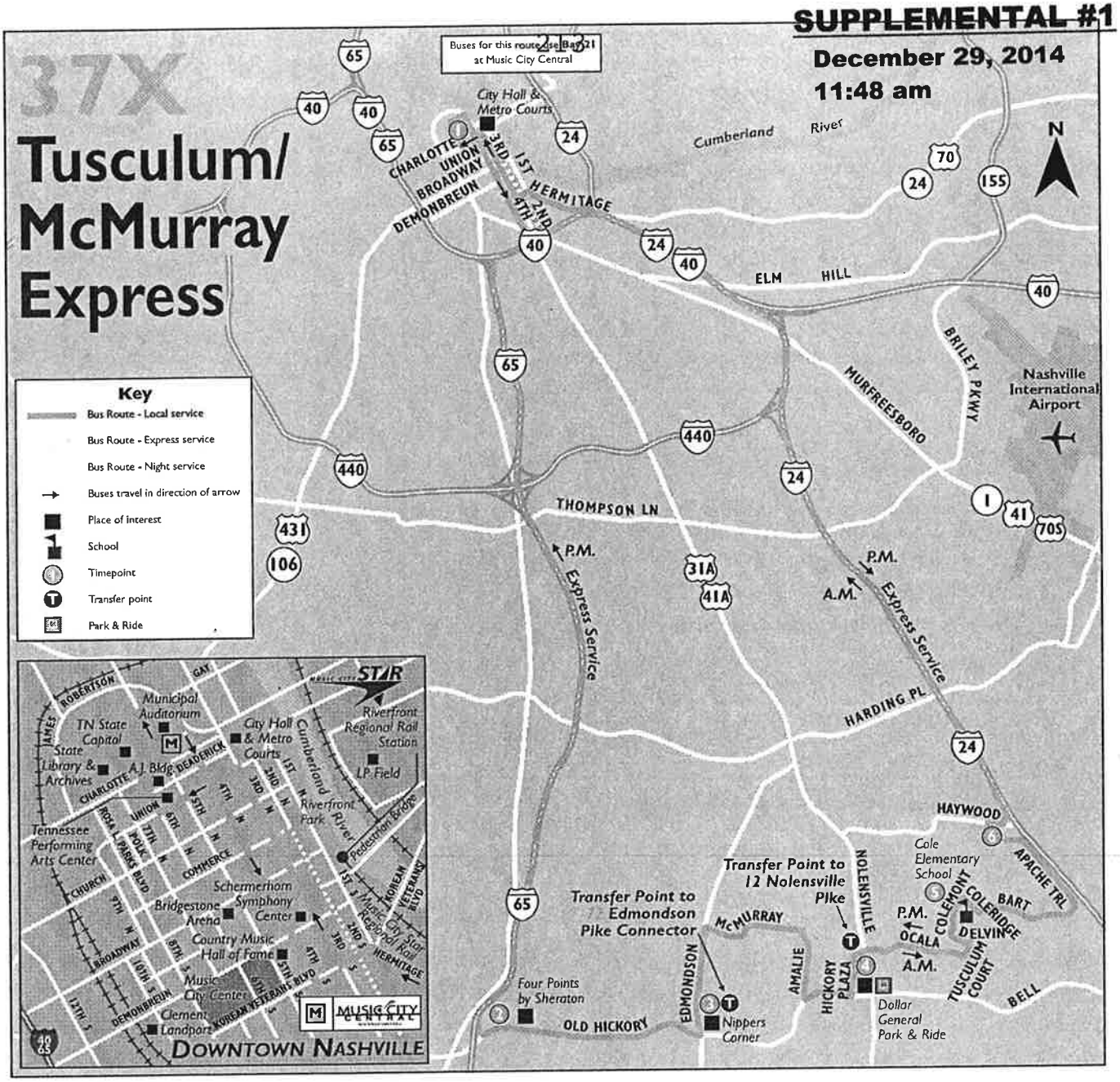
Customer Care & ADA Coordinator
(615) 862-5950
Access Ride
(615) 880-3970
nashvillemta.org

Effective September 28, 2014

SUPPLEMENTAL #1

December 29, 2014
11:48 am

37X Tusculum/ McMurray Express



WEEKDAYS — to Downtown

Four Points by Sheraton (7)	Nippers Corner (3)	Dollar General Park & Ride (4)	Cole Elementary School (5)	Apache & Haywood (6)	Music City Central (1)
6:17	6:24	6:35	6:40	6:50	7:15
6:38	6:47	6:59	7:06	7:15	7:45
4:40#		EXPRESS			5:35
5:39		EXPRESS			6:07

This bus travels to downtown via Route 35X - Rivergate Express.

NO SERVICE SATURDAYS, SUNDAYS OR HOLIDAYS

a.m. trips p.m. trips

WEEKDAYS — from Downtown

Music City Central Bay 21 (1)	Apache & Haywood (6)	Cole Elementary School (5)	Dollar General Park & Ride (4)	Nippers Corner (3)	Four Points by Sheraton (2)	Music City Central (1)
3:40•	4:03	4:11	4:19	4:30	4:40#	5:35
4:38	5:08	5:15	5:22	5:32	5:39	6:07

- On school days only, this bus begins service at Martin Luther King Jr. Magnet School at 3:20 p.m. and travels directly to Music City Central.

This bus travels to downtown via Route 35X - Rivergate Express.

On school early dismissal days only, a midday bus begins service at Martin Luther King Jr. Magnet School at 11:50 a.m. and travels directly to Music City Central.

MTA Schedule Displays Around Town

Andrew Johnson Building, 710 James Robertson Parkway
Anthem Career College, 560 Royal Parkway
Belmont University, 1900 Belmont Boulevard
Bridgestone Arena, 501 Broadway
City Hall & Metro Courts, 1 Public Square
Daymar Institute, 340 Plus Park Boulevard
Davy Crockett Building, 500 James Robertson Parkway
Justice A.A. Birch Building, 408 2nd Avenue North
Lincoln College of Technology, 1524 Gallatin Road
Looby Center and Library, 2301 Rosa L. Parks Boulevard
Metro Board of Education, 2601 Bransford Avenue
Metro General Hospital, 1818 Albion Street
MTA Madison Headquarters, 430 Myatt Drive
Music City Central, 400 Charlotte Avenue
Nashville Downtown Library, 615 Church Street
Peabody College Post Office, 230 Appleton Place
Riverfront Regional Rail Station, 108 1st Avenue North
Tennessee Dept. of Human Services, 1000 2nd Avenue North
Tennessee Performing Arts Center, 505 Deaderick Street
Tennessee State University, 3500 John A. Merritt Boulevard
Vanderbilt University Post Office, 2301 Vanderbilt Place
Watkins College of Art, Design & Film, 2298 Rosa L. Parks Boulevard
William R. Snodgrass Tennessee Tower, 311 7th Avenue North

For a list of other locations for specific areas, please call MTA Customer Care at **(615) 862-5950.**

Bus Stops

Most MTA bus stops are marked with a blue-and-white sign. If no bus stops are visible in the area where you wish to board, please go to the nearest intersection of the street traveled by your bus and flag the bus down when it comes into view.

Music City Central

The main transfer station is located at Music City Central (400 Charlotte Avenue).

Destination Signs

Every MTA bus is marked with a route number as well as the destination name or area. All express routes are designated by an "X" following the route number. If you have questions about where a bus is going, please ask the driver as you board.

Park & Ride

Several bus routes provide Park & Ride service, which allows you to park your car at no charge and ride an MTA bus. MTA passengers are permitted to use Park & Ride lots as complimentary services by owners of the lots.

Snow Route Detours

Be prepared for winter weather and pick up your MTA snow route detours brochure today. Snow route information may be found at MTA displays around town, on MTA buses, online at **nashvillemta.org**, or by calling Customer Care at **(615) 862-5950.**

Holiday Service

On the following major holidays, MTA operates service on a Sunday/Holiday schedule:
• New Year's Day • Memorial Day • Independence Day • Labor Day • Thanksgiving • Christmas
On Martin Luther King Jr. Day, MTA operates service on a Saturday schedule.

MTA Office Hours

Customer Care Call Center: **(615) 862-5950**
6:30 a.m. to 6:30 p.m. – Monday-Friday
8:00 a.m. to 5:00 p.m. – Saturday
10:30 a.m. to 2:30 p.m. – Sunday
Closed holidays

Ticket Sales and Information at Music City Central
400 Charlotte Avenue
6:00 a.m. to 6:30 p.m. – Monday-Friday
8:00 a.m. to 5:00 p.m. – Saturday
10:30 a.m. to 2:30 p.m. – Sunday
Closed holidays

Music City Central – Hours of Operation
400 Charlotte Avenue
5:15 a.m. to 11:15 p.m. – Monday-Friday
6:00 a.m. to 10:15 p.m. – Saturday
6:00 a.m. to 9:15 p.m. – Sundays and holidays

Administrative Offices: **(615) 862-5969**
430 Myatt Drive, Nashville, TN 37115
8:00 a.m. to 4:30 p.m. – Monday-Friday
Closed weekends and holidays

Metropolitan Transit Authority
430 Myatt Drive, Nashville, TN 37115

designed by CHK America ~ chkamerica.com

Fares

Adult – Local, Airport & BRT Lite Services	$1.70
Express Service	$2.25
Senior *(ages 65 and older, please show driver proof of age before depositing fare)*	$ .85
People with Disabilities and Medicare Cardholders *(please show driver special identification card before depositing fare)*	$ .85
Youth Fare *(ages 19 and younger, please alert driver before depositing fare and be prepared to show proof of age upon request)*	$1.00
Children ages 4 and younger	No Charge

Services for Medicare Cardholders, Seniors, or People with Disabilities

Medicare cardholders, who are not elderly or disabled, qualify for a reduced MTA fare of 85 cents on MTA buses with their Medicare ID.

Seniors age 65 and older and people with disabilities qualify for a reduced MTA fare of 85 cents on MTA buses with one of the following ID cards: Medicare, Seniors-MTA Golden Age, or driver's license; Disabled-Medicare, MTA Special Service, or other transit ID card for the disabled.

Passengers whose disabilities prevent them from using the large MTA buses may qualify for special door-to-door van service through the MTA AccessRide Program. Please call the MTA AccessRide Office at **(615) 880-3970** for more information or visit the MTA website at nashvillemta.org.

MTA Passes

For your convenience, passes are available for purchase at Music City Central (400 Charlotte Avenue), online at **nashvillemta.org**, or by phone at (615) 862-5950. In addition, passes may be requested via mail by sending the request to the MTA Administrative Office address.

All-Day Pass	$5.25	7-Day Pass	$24.00
All-Day		31-Day Pass	$84.00
Discounted Pass	$3.25	31-Day	
All-Day Youth Pass	$3.50	Discounted Pass	$44.00
20-Ride Local	$32.00	Quest 7-Day	
20-Ride Express	$42.00	Youth Pass	$16.00
20-Ride		Quest 31-Day	
Discounted Pass	$17.00	Youth Pass	$58.50

Cash, checks, money orders, and credit cards are accepted for these purchases. A shipping fee will be applied to all mail, phone and online orders.

Express Upgrades: Deposit an extra 50 cents to use a 20-Ride Local Pass on an express bus.

For more information, please call MTA Customer Care at **(615) 862-5950** *or visit our website at* **nashvillemta.org.**

All MTA buses are accessible and equipped with bike racks.

EasyRide Commuter Benefits

Benefits to employers
- *Saves tax dollars*
- *On-site parking becomes a non-issue*
- *Less-stressed employees*

Benefits to employees
- *Cuts taxable income*
- *Reduces car expenses*
- *Arrive at work relaxed*

For more information, contact MTA at **(615) 862-5969** *or ask your Human Resources Director about commuter benefits.*

EasyRide
MTA-RTA COMMUTER PROGRAM

Thank you for riding with the Nashville MTA

We appreciate your business!

Nashville MTA

72 Edmondson Pike Connector

SUPPLEMENTAL SERVICE
December 29, 2014
11:48 am

Edmondson Pike Library
Metroplex Office Complex
Nippers Corner
Sheriff's Correctional Complex
Walmart

LIMITED SERVICE

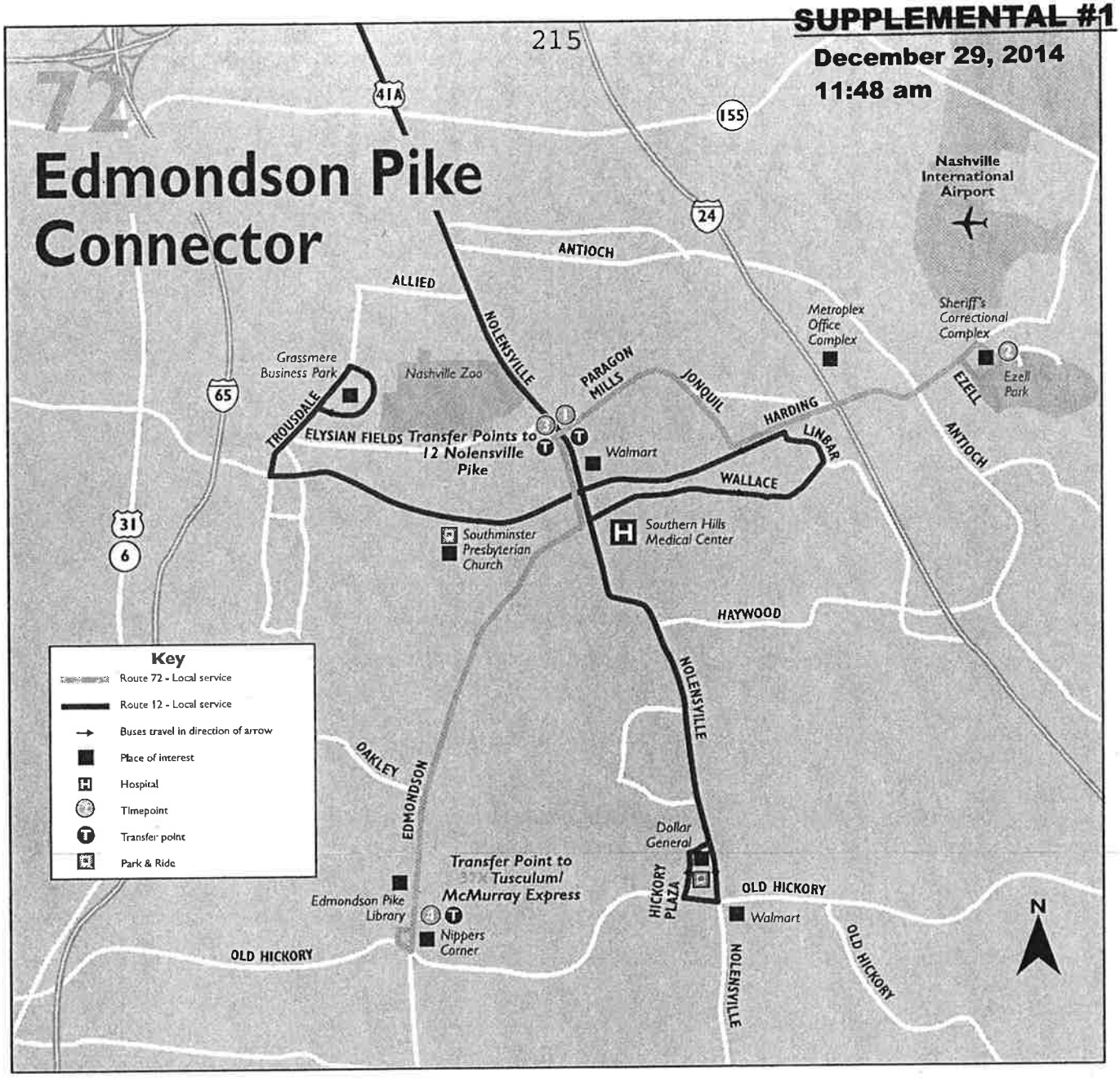
Customer Care & ADA Coordination
(615) 862-5950
Access Ride
(615) 880-3970
nashvillemta.org

Nashville MTA

Effective September 28, 2014

SUPPLEMENTAL #1
December 29, 2014
11:48 am

72 Edmondson Pike Connector



WEEKDAYS — via Harding Place

Walmart	Sheriff's Correctional Complex	Nolensville & Welshwood	Walmart
	5:55	6:08	
6:43	6:55	7:08	
7:41	7:55	8:10	
8:43	8:55	9:08	
9:45	10:00		10:10
11:20	11:32	11:45	
12:25	12:37	12:50	
1:30	1:42		1:52
4:40	4:55	5:10	
5:50	6:02	6:15	
6:46	6:58		7:08

WEEKDAYS — via Edmondson Pike

Nolensville & Welshwood	Edmondson & Nippers Corner	Walmart
6:10	6:28	6:39
7:10	7:28	7:41
8:10	8:28	8:41
9:10	9:28	9:41
11:50	12:08	12:21
12:55	1:13	1:26
4:05	4:23	4:36
5:15	5:33	5:46
6:15	6:33	6:46

NO SERVICE SATURDAYS, SUNDAYS OR HOLIDAYS

a.m. trips p.m. trips

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 5

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 7

SUPPLEMENTAL #1
December 29, 2014
11:48 am

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 8

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Midtown Hospital ER Patient Origin by Zip Code
CY 2014 (January-October, Annualized)
Zip Codes with Patient Origin Over 0.15%

Patient Zip Code	Patient City	Patient County	Total	Cumulative Patients	% by Zip Code	Cumulative %	Annualized Patients 2014
37207	NASHVILLE	Davidson	4,074	4,074	10.25%	10.25%	4,889
37208	NASHVILLE	Davidson	3,300	7,374	8.31%	18.56%	3,960
37206	NASHVILLE	Davidson	2,991	10,365	7.53%	26.09%	3,589
37203	NASHVILLE	Davidson	2,473	12,838	6.22%	32.31%	2,968
37209	NASHVILLE	Davidson	2,108	14,946	5.31%	37.62%	2,530
37218	NASHVILLE	Davidson	1,829	16,775	4.60%	42.22%	2,195
37210	NASHVILLE	Davidson	1,647	18,422	4.15%	46.37%	1,976
37013	ANTIOCH	Davidson	1,600	20,022	4.03%	50.40%	1,920
37115	MADISON	Davidson	1,565	21,587	3.94%	54.34%	1,878
37211	NASHVILLE	Davidson	1,520	23,107	3.83%	58.16%	1,824
37236	NASHVILLE	Davidson	1,121	24,228	2.82%	60.98%	1,345
37216	NASHVILLE	Davidson	1,085	25,313	2.73%	63.72%	1,302
37217	NASHVILLE	Davidson	1,014	26,327	2.55%	66.27%	1,217
37072	GOODLETTSVILLE	Davidson	699	27,026	1.76%	68.03%	839
37221	NASHVILLE	Davidson	597	27,623	1.50%	69.53%	716
37214	NASHVILLE	Davidson	558	28,181	1.40%	70.93%	670
37075	HENDERSONVILLE	Sumner	469	28,650	1.18%	72.12%	563
37076	HERMITAGE	Davidson	465	29,115	1.17%	73.29%	558
37204	NASHVILLE	Davidson	455	29,570	1.15%	74.43%	546
37027	BRENTWOOD	Williamson	396	29,966	1.00%	75.43%	475

SUPPLEMENTAL #1
December 29, 2014
11:48 am

37015	ASHLANDCITY	Cheatham	394	30,360	0.99%	76.42%	473
37212	NASHVILLE	Davidson	394	30,754	0.99%	77.41%	473
37122	MOUNTJULIET	Wilson	369	31,123	0.93%	78.34%	443
37138	OLDHICKORY	Davidson	315	31,438	0.79%	79.13%	378
37205	NASHVILLE	Davidson	288	31,726	0.72%	79.86%	346
37215	NASHVILLE	Davidson	285	32,011	0.72%	80.58%	342
37080	JOELTON	Davidson	257	32,268	0.65%	81.22%	308
37086	LAVERGNE	Rutherford	251	32,519	0.63%	81.85%	301
37228	NASHVILLE	Davidson	210	32,729	0.53%	82.38%	252
37167	SMYRNA	Rutherford	196	32,925	0.49%	82.88%	235
37055	DICKSON	Dickson	190	33,115	0.48%	83.35%	228
37066	GALLATIN	Sumner	180	33,295	0.45%	83.81%	216
37087	LEBANON	Wilson	173	33,468	0.44%	84.24%	208
37172	SPRINGFIELD	Robertson	173	33,641	0.44%	84.68%	208
37188	WHITEHOUSE	Sumner	171	33,812	0.43%	85.11%	205
37189	WHITESCREEK	Davidson	170	33,982	0.43%	85.54%	204
37082	KINGSTONSPRINGS	Cheatham	158	34,140	0.40%	85.93%	190
37064	FRANKLIN	Williamson	144	34,284	0.36%	86.30%	173
37043	CLARKSVILLE	Montgomery	140	34,424	0.35%	86.65%	168
37073	GREENBRIER	Robertson	135	34,559	0.34%	86.99%	162
37129	MURFREESBORO	Rutherford	131	34,690	0.33%	87.32%	157
37062	FAIRVIEW	Williamson	130	34,820	0.33%	87.65%	156
37146	PLEASANTVIEW	Cheatham	121	34,941	0.30%	87.95%	145
37143	PEGRAM	Cheatham			0.28%	88.23%	

SUPPLEMENTAL #1
December 29, 2014
11:48 am

			111	35,052			133
37219	NASHVILLE	Davidson	103	35,155	0.26%	88.49%	124
37130	MURFREESBORO	Rutherford	100	35,255	0.25%	88.74%	120
37148	PORTLAND	Sumner	99	35,354	0.25%	88.99%	119
37220	NASHVILLE	Davidson	99	35,453	0.25%	89.24%	119
37187	WHITEBLUFF	Dickson	93	35,546	0.23%	89.47%	112
37069	FRANKLIN	Williamson	87	35,633	0.22%	89.69%	104
37201	NASHVILLE	Davidson	82	35,715	0.21%	89.90%	98
37042	CLARKSVILLE	Montgomery	78	35,793	0.20%	90.10%	94
37067	FRANKLIN	Williamson	77	35,870	0.19%	90.29%	92
37040	CLARKSVILLE	Montgomery	75	35,945	0.19%	90.48%	90
38401	COLUMBIA	Maury	72	36,017	0.18%	90.66%	86
37090	LEBANON	Wilson	69	36,086	0.17%	90.83%	83
37025	BONAQUA	Hickman	67	36,153	0.17%	91.00%	80
37128	MURFREESBORO	Rutherford	63	36,216	0.16%	91.16%	76
37213	NASHVILLE	Davidson	63	36,279	0.16%	91.32%	76
37035	CHAPMANSBORO	Cheatham	62	36,341	0.16%	91.47%	74
37174	SPRINGHILL	Maury	59	36,400	0.15%	91.62%	71
37033	CENTERVILLE	Hickman	55	36,455	0.14%	91.76%	66
37135	NOLENSVILLE	Williamson	55	36,510	0.14%	91.90%	66
37036	CHARLOTTE	Dickson	54	36,564	0.14%	92.04%	65
37202	NASHVILLE	Davidson	53	36,617	0.13%	92.17%	64

Source: Internal records

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 9

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 12

Saint Thomas Health Balance Sheet
November 30, 2014
(Dollars in Thousands)

	November 30, 2014	June 30, 2014
ASSETS:		
Cash and investments	$ 23,926	$ 19,328
Patient accounts receivable	388,430	404,664
Less allowances	(260,326)	(262,373)
Net Accounts Receivable	128,104	142,291
Estimated settlements from 3rd party payors	14,361	13,615
Current portion of assets limited to use	433	491
Inventory	19,841	18,863
Other current assets	29,501	26,831
Total Current Assets	216,166	221,419
Trusteed assets	25,683	31,042
Assets Limited to Use	25,683	31,042
Other Long-Term Investments	729,312	697,216
Property, plant, equipment cost	1,237,918	1,227,093
Construction in progress	30,759	22,019
Less accumulated depreciation	(802,666)	(779,082)
Total Property, Plant & Equipment	466,011	470,030
Investment in unconsolidated entities	35,957	37,176
Assets held for sale		-
Advances to affiliated entities, net	5	2
Other miscellaneous assets	95,894	85,277
Total Other Assets	131,856	122,454
TOTAL ASSETS	$ 1,569,028	$ 1,542,159

	November 30, 2014	June 30, 2014
LIABILITIES:		
Current maturities of long-term debt	$ 5,498	$ 6,629
Accounts payable	40,040	38,758
Accrued liabilities	45,526	49,845
Estimated third party payor settlement	20,505	16,713
Current portion of self-insurance liability	9,482	10,118
Other current liabilities	44,270	25,292
Total Current Liabilities	165,321	147,354
Long-term Debt	396,299	401,396
Self-insurance liability	2,944	2,997
Other non-current liabilities	28,130	34,812
Other Non-Current Liabilities	31,074	37,809
TOTAL LIABILITIES	592,694	586,560
NET ASSETS:		
Unrestricted net assets	937,401	916,688
Unrestricted net assets noncontrolling interest	7,117	7,379
Temporarily restricted net assets	28,904	29,231
Permanently restricted net assets	2,912	2,301
TOTAL NET ASSETS	976,334	955,599
TOTAL LIABILITES AND NET ASSETS	$ 1,569,028	$ 1,542,159

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Attachment 13

The Joint Commission

SUPPLEMENTAL #1
December 29, 2014
11:48 am

Saint Thomas Midtown Hospital
2000 Church Street
Nashville, TN 37236

Organization Identification Number: 7884

Program(s)	**Survey Date(s)**
Hospital Accreditation	03/25/2014-03/28/2014

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.02.02.01	EP2,EP4
	LS.01.02.01	EP1
	LS.02.01.20	EP1,EP13,EP30
	MM.05.01.01	EP8
	PC.01.02.07	EP3
	PC.02.01.03	EP1
	PC.02.01.11	EP2
	PC.03.01.03	EP1,EP8
	RI.01.03.01	EP7
	UP.01.03.01	EP2,EP4

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	EC.02.05.01	EP8
	EC.02.06.01	EP1,EP26
	IC.01.05.01	EP1
	LD.04.01.05	EP1
	LS.02.01.35	EP5,EP6
	LS.02.01.50	EP9
	PC.01.02.03	EP5
	PC.01.02.05	EP1
	RC.01.01.01	EP19
	TS.03.01.01	EP2,EP7

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(b)(2)	A-0131	HAP - RI.01.03.01/EP7	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.02.05/EP1	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.06.01/EP26	Standard
§482.41(a)	A-0701	HAP - EC.02.06.01/EP26	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP1, EP13, EP30, LS.02.01.35/EP5, EP6, LS.02.01.50/EP9	Standard

---

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - IC.02.02.01/EP4

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)(1)(ii)	A-0952	HAP - PC.01.02.03/EP5	Standard
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4, IC.01.05.01/EP1	Standard

---

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(b)(1)	A-1003	HAP - PC.03.01.03/EP8	Standard

CoP: §482.57 **Tag:** A-1151 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.57 Condition of Participation: Respiratory Care Services

The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.

CoP Standard	Tag	Corresponds to	Deficiency
§482.57(b)(3)	A-1163	HAP - PC.02.01.03/EP1	Standard

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01 ESC 60 days

Standard Text: The hospital manages risks related to hazardous materials and waste.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. 4

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
Observed in Tracer Visit at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
During a tour of the Labor and Delivery area, an observation was made of a cleaning cart in the hallway. There were hazardous cleaning solutions on the top of the cart that was left unattended.

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
An observation was made of a cleaning cart in the hallway outside of the NICU where the hazardous cleaning solutions were stored on top of the cart and left unattended.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 60 days

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
The kitchen used natural gas for cooking. There were 2 shutoff controls to facilitate a partial shutdown. Existing policy empowered staff to shut off the gas if there was a need to do so. The controls were not labeled.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.06.01

ESC 60 days

Standard Text: The hospital establishes and maintains a safe, functional environment.
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring Category : C
Score : Insufficient Compliance

26. The hospital keeps furnishings and equipment safe and in good repair.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
The bathroom in the Blue Pod of the ER had a lock that needed a special square key. Security had a key and nursing stated there was a key ring somewhere on the unit, however the keys were not in a designated location. The door was locked and staff was asked to open the door as quickly as possible simulating that a patient in the bathroom pulled the emergency cord. Security took over 2 minutes to respond as they were on a one to one in the with a psych patient at the time. Nursing did not locate the key ring until several minutes after the exercise. The lock needed to be a common unlocking mechanism or the special key needed to be available near the door.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
The bathroom in the Red Pod of the ER had a lock that needed a special square key. Security had a key and nursing stated there was a key ring somewhere on the unit, however the keys were not in a designated location. The door was locked and staff was asked to open the door as quickly as possible simulating that a patient in the bathroom pulled the emergency cord. Security took over 2 minutes to respond as they were on a one to one in the with a psych patient at the time. Nursing did not locate the key ring until several minutes after the exercise. The lock needed to be a common unlocking mechanism or the special key needed to be available near the door.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
The bathroom in the Purple Pod of the ER had a lock that needed a special square key. Security had a key and nursing stated there was a key ring somewhere on the unit, however the keys were not in a designated location. The door was locked and staff was asked to open the door as quickly as possible simulating that a patient in the bathroom pulled the emergency cord. Security took over 2 minutes to respond as they were on a one to one in the with a psych patient at the time. Nursing did not locate the key ring until several minutes after the exercise. The lock needed to be a common unlocking mechanism or the special key needed to be available near the door.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
There was an unsecured H size Argon tank in the ER basement tank storage room

EP 26
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at UT Medical Clinic (316 22nd Avenue North, Nashville, TN) site for the Hospital deemed service.
While conducting survey activity within the medicine clinic's draw station, the surveyor observed that the blood draw chair's arm had multiple tears.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
During a tour of the Labor and Delivery area, an observation was made at the Nurses' Station of 2 synthetic leather chairs that had extensive cracks in the seats.

§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
An observation was made of a torn chair seat at the Nurses' Station in the Newborn Nursery

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
During a tour of the Pre-admission Testing Unit, it was noted that a synthetic leather chair in at least one exam room had extensive cracks on the arms of the chair. Staff stated a work order had been submitted, however the chair was not removed from the care area. The surface of the chair could not be adequately

EP 1

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.05.01 ESC 60 days

Standard Text: The hospital has an infection prevention and control plan.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

1. When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While observing a time out, it was noted that the cardiologist performing the procedure was not wearing his mask properly. His nose was not covered, but no one pointed this out to the practitioner.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01 ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Visit at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The staff advised the surveyor that biopsy instruments were washed in soap and water and ultimately placed aside and delivered to central sterile supply later in the day for sterilization. When the staff was queried about the use of an enzymatic cleanser, the surveyor was told that only a plain soap and water was used. Upon review of the organization's policy 23.6a related to cleaning and decontamination, an enzymatic cleaner was to be implemented.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Visit at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While conducting tracer activity within the breast center the surveyor observed that there were seven expired breast tissue markers stored within the clinic that had expiration dates of 5/2013 (6) and 01/14 (1) .

Observed in Tracer Visit at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While conducting tracer activity within the breast center the surveyor observed that there were 1.5 boxes of expired probe guides dated 07/13.

§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Tracer Activities at UT Medical Clinic (316 22nd Avenue North, Nashville, TN) site for the Hospital deemed service.
While conducting tracer activity within the medicine clinic, the surveyor observed that there were urinals and urine specimen containers stored underneath the sink's cabinet. The hospital prohibited the storage of supplies for patient use in this area.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.05 ESC 60 days

Standard Text: The hospital effectively manages its programs, services, sites, or departments.

Primary Priority Focus Area: Organizational Structure

Element(s) of Performance:

1. Leaders of the program, service, site, or department oversee operations. 

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While tracing patient's through the Endoscopy Lab, it was discovered that nurses were completing the Endoscopy Standing Order form for at least one physician on a routine basis. Staff nurses stated they filled out the physician order form as they "routinely knew what the physicians wanted" and would select and implement such orders as "Admit to the Endoscopy Lab, NPO, have consent signed and start IV Lock, start IV with NS or D5W @ 50 ml/hr" and implement these actions prior to getting a either telephone order or the physician actually signing the Endoscopy Physician Order form. Staff stated the physician would then sign the order form(once completed by the nurse) either before or after the procedure. Hospital leaders were not aware of this practice and when made aware, immediately changed these processes.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.01.02.01 ESC 45 days

Standard Text: The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Primary Priority Focus Area: Communication

Element(s) of Performance:

1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.1.8 and 9.7.6.1) (See also LS.01.01.01, EP 3) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Document Review at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
The annual fire inspection conducted in 12/12 reported that 5 visual devices in the 5th floor Central Surgery area failed the inspection. A purchase order was initiated and work was completed in 2/13. There was no evaluation conducted to determine the need for ILSM measures during this period. No ILSM measures were implemented to compensate for the failed devices.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20 ESC 45 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Doors in a means of egress are unlocked in the direction of egress. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)

Scoring
Category : A
Score : Insufficient Compliance

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring
Category : C
Score : Partial Compliance

30. Signs reading 'No Exit' are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The two sets of sliding glass doors at the main doors of the Kidd Building Horseshoe exit were fitted with operable dead bolt thumb latches.When engaged, the dead bolt latches prevented the doors from "breaking out" as designed. Signs on the door stated "in emergency push to open". This was observed and then corrected at the time of survey.

EP 13
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
In the ER there was equipment stored in the egress corridor across from rooms 12 and 13. This corridor was not identified as a suite on the current prints.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
In the ER there were dirty linen carts stored in the egress corridor across from rooms 19 and 20. This corridor was not identified as a suite on the current prints.

EP 30
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The elevator equipment room door in the Kidd wing penthouse may have been mistaken for an exit. There was not a "No Exit" sign on the door. This was observed and corrected at the time of survey.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35 ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1) 

Scoring Category : C
Score : Partial Compliance

6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1) 

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
There were several sprinkler heads in the food prep area, in the main kitchen, that had an excessive amount of foreign materials on the heads.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
There were several sprinkler heads in the food prep area, in the dishwashing area, that had an excessive amount of foreign materials on the heads.

EP 6
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
There was not 18 inches or more of open space maintained below the sprinkler deflector to the top of storage in the Pharmacy. This was observed and corrected at the time of survey.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
There was not 18 inches or more of open space maintained below the sprinkler deflector to the top of storage in Central Supply. This was observed and corrected at the time of survey.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.50 ESC 60 days

Standard Text: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

9. All linen and waste chute inlet and discharge service doors have both self-closing and positive latching devices.
Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 9
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The positive latching device was removed from the laundry chute door of the 8th floor collection room in the Springfield building. This was observed and then corrected at the time of survey.

Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The positive latching device was removed from the laundry chute door of the 6th floor collection room in the Springfield building. This was observed and then corrected at the time of survey.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.01

Standard Text: A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
An observation was made od therapeutic duplication in a post C-Section patient. There was not distinction as to when to administer Zofran vs Phenergan.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While tracing an orthopedic total joint patient, it was noted that the "Post Op Comfort Meds" order set included two medications for constipation; Magnesium hydroxide (Milk of Magnesia) 30 ml, suspension, PO, QDay, PRN Constipation and bisacodyl (Ducolax Laxative), 5 mg, ER Tablet, PO QDay, PRN Constipation. The medication orders did not include instructions for which medication to use as a first-line or second-line approach to care, allowing the nurses to chose the medication they felt would best address the patient's current issue related to constipation.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While tracing a second orthopedic total joint patient, it was noted that the "Post Op Comfort Meds" order set included two medications for constipation; Magnesium hydroxide (Milk of Magnesia) 30 ml, suspension, PO, QDay, PRN Constipation and bisacodyl (Ducolax Laxative), 5 mg, ER Tablet, PO QDay, PRN Constipation. The medication orders did not include instructions for which medication to use as a first-line or second-line approach to care, allowing the nurses to chose the medication they felt would best address the patient's current issue related to constipation.

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
Review of a patient's record revealed two medications ordered for the same indication without clear guidelines as to which to use first. The orders were not clarified before the medications were dispensed.

Chapter: National Patient Safety Goals
Program: Hospital Accreditation
Standard: UP.01.03.01

Standard Text: A time-out is performed before the procedure.
Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

2. The time-out has the following characteristics:
- It is standardized, as defined by the hospital.
- It is initiated by a designated member of the team.
- It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

Scoring Category : A
Score : Insufficient Compliance

4. During the time-out, the team members agree, at a minimum, on the following:
- Correct patient identity
- The correct site
- The procedure to be done

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
During a time-out, the practitioner was not actively participating, since he was donning his gown and gloves during the time out.

EP 4
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While observing the time-out prior to and EGD it was noted that, although the physician and technician listened to the nurse correctly identify the patient and the procedure to be done, there was no verbal agreement between the team members as part of the time-out as required by hospital policy.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 5
§482.51(b)(1)(ii) - (A-0952) - (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
During tracer of a post operative vascular surgery patient, it was noted that although there was an update to the H and P, the update did not include a re-examination of the patient, nor was it dated and timed as required. In accordance with policy, the update should include Time, Date, a review of the H and P and attestation that there are no changes and that the patient was re-examined.

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The history and physical performed before a surgical procedure was performed before the patient presented to the organization for the procedure. There was no evidence of an update before the procedure.

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The history and physical performed before a procedure involving moderate sedation was performed before the patient presented to the organization for the procedure. There was no evidence of an update before the procedure.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.05 ESC 60 days

Standard Text: Qualified staff or licensed independent practitioners assess and reassess the patient.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. Based on the initial assessment, a registered nurse determines the patient's need for nursing care, as required by hospital policy and law and regulation.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at UT Medical Clinic (316 22nd Avenue North, Nashville, TN) site for the Hospital deemed service.
The surveyor traced the care of a patient who was admitted and also seen within the medicine clinic. Within the medicine clinic there was no documentation noted to support that there was a complete initial assessment . The areas related to primary language, learning assessments, education and psycho-social factors were noted to be blank within the system's electronic database. The patient was noted to be Hispanic. In speaking with staff it was determined that the patient could only speak Spanish. The residents and the Rn in the setting did not complete the initial assessment of the patient as observed per documentation within the medical record.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.01.02.07

Standard Text: The hospital assesses and manages the patient's pain.
Primary Priority Focus Area: Assessment and Care/Services
Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 3
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While reviewing the Physical Therapy Evaluation for a post operative Total Knee Arthroplasty patient, it was noted that the pain assessment did not include the numerical pain scale assessment as required by organization policy. The assessment of pain stated the pain level was "as expected"

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While reviewing the Physical Therapy Evaluation for a post operative Total Hip Arthroplasty patient, it was noted that although a comprehensive evaluation of the patient's pain was include in the evaluation, the pain assessment did not include a numerical pain scale assessment as required by organization policy.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c). 3

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.57(b)(3) - (A-1163) - (3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While tracing a patient having an EGD, it was noted that the standing Endoscopy Orders were dated and timed 3/26/14 at 1000. The orders on the overprinted form that were circled were to; admit to Endoscopy Lab as Short Stay Patient, NPO, have consent signed for EGD, and start IV Lock. The orders were noted as taken off by the nurse at 1020, however the physician signature on the form was timed at 1130. When asked who filled out the physician orders, the staff stated, "we select the appropriate actions to be completed on the order form for the patient because we generally know what the physician wants, for example for an EGD we would select 'IV Lock' versus NS @ 50 ml/hr because that's what we would do for a colonoscopy patient". I asked when the physician actually signed the orders and staff explained "sometimes before the procedure or after the procedure". In this instance the nurse filled out the physician orders, and started the IV lock without having written orders or telephone orders from the physician. When asked if the nurses filled out the physician orders as a general rule, they said "yes, for some physicians".

Observed in Record Review at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While reviewing a second medical record of a patient having an EGD on 3/26/2014, it was also noted that the physician orders to admit to Endoscopy Lab, NPO, Have consent signed for EGD, and Start IV Lock were circled and dated 3/26/2014 at 0900 and noted by the nurse at 0930. The IV lock was started by the nurse without a physician signature. The physician orders were signed and dated on 3/26/2014 at 0930. The nurses stated they completed the orders and implemented the care for the physician and he signed them after the fact. Staff again stated "they did not obtain a telephone order and routinely filled out the Endoscopy Orders form for some physicians and they sign the orders when they can, either before the procedure or after".

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11 ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served.
Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EPs 2 and 3)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While tracing patients in the Post Anesthesia Care Unit, it was noted that although the staff were testing and checking the adult and pediatric crash carts on a daily basis on the week days when the unit was open, the carts are not tested and checked on weekends when emergency surgery is performed. Policy states the carts should be checked daily when patients are cared for on the unit.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03 ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

8. The hospital reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Record Review at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While reviewing the medical record for a patient who had a Coronary Artery By-pass Graft on 3/21/14, it was noted that page 2 of 3 of the Anesthesia Peri-operative Record, 'Anesthesiologist's Pre-Anesthesia History, Evaluation and Plan' was blank. None of the entries on page 2 were completed. The medical history, anesthesia history, Anesthesia exam, airway assessment, Dental assessment, ASA Class, and Plan were blank.

EP 8
§482.52(b)(1) - (A-1003) - [The policies must ensure that the following are provided for each patient:]

(1) A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
An observation was made in a patient's medical record where there was no documentation of an immediate pre-induction assessment prior to the patient receiving anesthesia.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.01.01.01

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
An observation was made in the Labor and Delivery area where there was no documentation of time on a Release of Information form that was in the patient's medical record.

Observed in Tracer Activities at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
An observation was made where there was no documentation of time noted on a Physician's History and Physical which was in the patient's medical record.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
It was noted that a progress note dated 3/25/2014 was not timed as required.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The H and P for a patient having an EGD on 3/26/2014 was not timed.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
The H and P for a patient having a Colonoscopy on 3/26/2014 was not timed.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
While tracing a patient in the Post Anesthesia Care Unit, it was noted the H and P for this patient dated, however it was not time as required. Additionally, the Immediate post operative note for the same patient was note dated or timed as required.

Chapter: Rights and Responsibilities of the Individual
Program: Hospital Accreditation
Standard: RI.01.03.01 ESC 45 days
Standard Text: The hospital honors the patient's right to give or withhold informed consent.
Primary Priority Focus Area: Rights & Ethics

Element(s) of Performance:

7. The informed consent process includes a discussion about the patient's proposed care, treatment, and services.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
§482.13(b)(2) - (A-0131) - (2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site for the Hospital deemed service.
During tracer activities in the Labor and Delivery area, an observation was made of an incomplete informed consent for a patient that had a vaginal delivery. In the space provided on the form for the type of anesthesia to be given to the patient, there was no documentation of the anesthesia plan.

Chapter: Transplant Safety

Program: Hospital Accreditation

Standard: TS.03.01.01

Standard Text: The hospital uses standardized procedures for managing tissues.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The hospital develops and maintains standardized written procedures for the acquisition, receipt, storage, and issuance of tissues. (See also TS.03.02.01, EP 5)

Scoring
Category : A
Score : Insufficient Compliance

7. The hospital verifies at the time of receipt that package integrity is met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment. This verification is documented. (See also TS.03.02.01, EP 6)
Note 1: If the distributor uses validated shipping containers, then the receiver may document that the shipping container was received undamaged and within the stated time frame.
Note 2: Tissues requiring no greater control than 'ambient temperature' (generally defined as the temperature of the immediate environment) for transport and storage would not need to have the temperature verified on receipt.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 2
Observed in Tracer Visit at Craig Center for Advanced Wound Healing at Midtown Hospital (2000 Murphy Avenue, Nashville, TN) site.
The surveyor observed while reviewing the organization's tissue log, that a receiver, time of receipt, staff preparing the product, and the date and time the physician applied the Apilgraf was not documented as required within the log per hospital policy.

Observed in Tracer Visit at Craig Center for Advanced Wound Healing at Midtown Hospital (2000 Murphy Avenue, Nashville, TN) site.
The surveyor observed while reviewing the organization's tissue log, that a receiver, time of receipt, staff preparing the product, and the date and time the physician applied the Apilgraf was not documented as required within the log per hospital policy.

Observed in Tracer Visit at Craig Center for Advanced Wound Healing at Midtown Hospital (2000 Murphy Avenue, Nashville, TN) site.
The surveyor observed that there was no patient name or medical record documented within the tissue log that identified who the tissue was administered to as required by hospital policy. The tissue was documented as applied on 6//13/13 with no patient identifying information. The organization retrospectively corrected the observation onsite during the survey.

EP 7
Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While reviewing the the implant/tissue log for surgical services, it was noted that although the organization documents when tissue was received, the log does not include any notation that the package integrity was met and transport temperature range was controlled for Allomax.

Observed in Individual Tracer at Saint Thomas Midtown Hospital (2000 Church Street, Nashville, TN) site.
While reviewing the the implant/tissue log for surgical services, it was noted that although the organization documents when tissue was received, the log does not include any notation that the package integrity was met for implanted tissues such as Patella Wedge bone and other tissues. It was observed the log does not include documentation that the package integrity for all tissues received. Policy currently does not require documentation of package integrity or temperature range control as required.

SUPPLEMENTAL #1
December 29, 2014
11:48 am

DEC 29 2014

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: SAINT THOMAS MIDTOWN HOSPITAL

I, S. BLAKE ESTES, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

EXECUTIVE DIRECTOR, STRATEGY & PLANNING
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29 day of DEC, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

NOTARY PUBLIC

My commission expires JAN. 9, 2018.

DIANE FRANKLIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

HF-0043

Revised 7/02

Additional Information Supplemental #1 -Copy-

ST Thomas Midtown Hospital (Emergency Department at Brentwood)

CN1412-049

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

Saint Thomas Health

December 29, 2014

Via Hand Delivery

Phillip M. Earhart
Health Services Development Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1412-049
Saint Thomas Midtown Hospital (Emergency Department at Brentwood)

Dear Mr. Earhart:

This is the second set of supplemental responses for the project referenced above. The first set was submitted to the Agency earlier today, before noon. Once again, **our responses are provided in triplicate.**

For ease of reference, question numbers below are from the original Agency request dated December 22, 2014. Responses to parts of four questions are addressed.

---

3. **Section A., Applicant Profile, Item 6**

   The provided lease appears to be between Old Hickory Partners, LLC and Middle Tennessee Imaging, LLC d/b/a Premier Radiology. The Agency will need a deed, a purchase agreement, lease agreement, option to lease or other legal document which demonstrates the applicant has a legitimate legal interest in the property on which to locate the project. A fully executed (signed by both parties) Option to Purchase must at least include the expected purchase price, a description of the property with address and the anticipated date of closing. A fully executed Option to Lease must at least include the expected term of the lease and the anticipated lease payments.

102 Woodmont Blvd., Suite 800
Woodmont Centre
Nashville, TN 37205
SaintThomasHealth.com

Response: A fully executed Lease Assignment document from Middle Tennessee Imaging, LLC to the applicant is provided here in **Attachment A** at the same lease terms and payments as the original lease.

13. **Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

    c. Please provide a projected data chart for the proposed Satellite Emergency Room only.

    Response: Due to scheduling constraints over the holidays, the projected data chart submitted earlier today failed to account for an annual increase in gross charges per visit. Net charges per visit were correct, requiring adjustments here to deductions as well. Please see **Attachment B**.

14. **Section C, Economic Feasibility, Item 5 and 6**

The average gross charge, average deduction from operating revenue, and average net charge is noted. However, there is no Projected Data Chart for the proposed Emergency room to verify the charges. A request to provide a projected data chart for the proposed satellite emergency room has been requested; please check the charges against the requested Projected Data Chart. If needed, please revise charges on pages 34 and 39.

Response: Charge revisions to pages 34 and 39 are provided below.

Page 34 – Based on Year 2 projections (FY2018), the average gross patient charge per emergency department visit is $2,482. The average deduction from gross patient charges, based on contractual allowances and allowances for charity care and bad debt, is approximately 80%, resulting in average net revenue per visit of approximately $484.

Page 39 – Midtown Hospital presents the current and projected charges for an emergency department visit in Exhibit 20. An annual increase of 3% between FY2014 and Year 1 of the project, FY2017, is projected. Afterwards, the hospital assumes that charges will increase by 3% annually.

MIDTOWN HOSPITAL EMERGENCY DEPARTMENT, HOSPITAL-BASED AND SATELLITE
AVERAGE GROSS CHARGE PER VISIT, CURRENT AND PROJECTED

	Current	FY2017	FY2018
Gross Charge	$2,205	$2,410	$2,482
Adjustment	$1,818	$1,926	$1,998
Net Revenue	$387	$484	$484

17. **Section C, Economic Feasibility, Item 9**

a. The participation of Mid-Town Hospital in state and federal programs is noted. However, please address the question specific to the proposed satellite emergency room project.

Response: Midtown's satellite ER will be licensed as part of Midtown Hospital and will follow Midtown Hospital's existing payor contracts.

Like Midtown Hospital, the satellite ER also will participate in both the Medicare and TennCare/Medicaid programs and will provide patient care regardless of payor source. Based on Year One projected data, Midtown's satellite ER will have an estimated payor mix (based on gross charges) of 36.8% Medicare, 6.0% Medicaid/TennCare and 10.1% self pay. In addition, Midtown satellite ER proposes to provide $592,869 in charity care in Year 1 and $843,252 in Year 2.

We hope these additional responses are sufficient to deem this CON application complete. A notarized affidavit is provided in **Attachment C**.

Given the holiday timing, I may be reached by cell at 615.504.8761 or by email at Blake.Estes@sth.org to clarify any other matters.

Sincerely,

Blake Estes
Executive Director, Strategy & Planning

attachments

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

Attachment A

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

This instrument was prepared by and upon recordation should be returned to:

Berry Holt, Esq.
Bradley Arant Boult Cummings LLP
1600 Division Street, Suite 700
Nashville, Tennessee 37203

ASSIGNMENT AND ASSUMPTION OF GROUND LEASE

THIS ASSIGNMENT AND ASSUMPTION OF GROUND LEASE (the "Agreement") is made and entered into effective as of the 29th day of December, 2014 (the "Effective Date"), by and between MIDDLE TENNESSEE IMAGING, LLC, a Tennessee limited liability company ("Assignor"), SAINT THOMAS MIDTOWN HOSPITAL, a Tennessee non-profit corporation ("Assignee"), and OLD HICKORY PARTNERS, LLC, a Tennessee limited liability company ("Landlord").

WITNESSETH:

WHEREAS, Assignor and Landlord are parties to that certain Ground Lease, executed April 9, 2014 (the "Ground Lease"), pursuant to which Ground Lessor leases to Assignor certain real property located in Brentwood, Davidson County, Tennessee;

WHEREAS, Assignor now desires to assign the Ground Lease to Assignee, subject to the terms hereof; and

WHEREAS, Landlord is the landlord under the Ground Lease and desires to consent to the foregoing and the terms of this Agreement.

NOW, THEREFORE, for the covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor, Assignee and Landlord hereby agree as follows:

1. Agreement. Assignor hereby sells, transfers, assigns, delivers and conveys to Assignee, its successors and assigns, all right, title and interest of Assignor in, to and under the Ground Lease.

2. Assumption. Assignee hereby assumes all of the obligations and duties of Assignor under the Ground Lease.

3. Indemnity. Assignor agrees to indemnify, defend (with counsel reasonably satisfactory to Assignee) and hold harmless Assignee for, from and against all third party claims and associated lawsuits, damages, costs and expenses arising out of or resulting from (i) any default by Assignor under the Ground Lease that occurred prior to the Effective Date or (ii) Assignor's failure to pay any amounts due under the Ground Lease allocable to periods prior to the Effective Date or perform any obligations of Assignor arising under the Ground Lease prior to the Effective Date or as a result of any matter occurring prior to the Effective Date.

4. Consent. Landlord hereby consents to this Agreement and the assignment of the Ground Lease pursuant hereto.

5. Certifications. Landlord and Assignor each hereby represents and warrants to Assignee that, as of the Effective Date: (i) it has not previously assigned its interest in the Ground Lease and has the

right, power and authority to enter into this Agreement, without obtaining the consent of any person or entity; (ii) a true, accurate and complete copy of the Ground Lease is attached hereto as Exhibit A, and (iii) to its actual knowledge, neither Assignor nor Landlord is in default under the Ground Lease and no matter exists that with the giving of notice, the passage of time or both would constitute such a default.

6. Reimbursement of Rent and Other Costs. Within thirty (30) days after the Effective Date, Assignee shall reimburse Assignor for (i) all monthly Rent (as defined in the Ground Lease) paid to Landlord by Assignor under the Ground Lease prior the Effective Date; and (ii) all other costs and expenses that Assignor has paid relating to the real property leased pursuant to the Ground Lease, as provided to Assignee in an itemized statement.

7. Re-Assignment Option.

(a) Assignor and Assignee acknowledge that Assignee has submitted an application for a certificate of need to permit the operation of a free standing emergency room on the Premises (the "CON"). In the event Assignee has not received the CON by January 1, 2016, then Assignor shall have the option to have Assignee re-assign all of its right, title and interest under the Ground Lease to Assignor (the "Re-Assignment Option"). In the event Assignor desires to exercise the Re-Assignment Option, it shall notify Assignee, in writing, on or before March 30, 2016 (the "Option Expiration Date"). If Assignor does not exercise the Re-Assignment Option prior to the Option Expiration Date, then the Re-Assignment Option shall terminate automatically and be of no further force or effect.

(b) If Assignor exercises the Re-Assignment Option, then Assignor, Assignee and Landlord agree that: (i) Assignor and Assignee shall promptly enter into a written agreement pursuant to which Assignee shall assign to Assignor all of Assignee's right, title and interest in, to and under the Ground Lease; (ii) Assignor shall reassume all its obligations and duties under the Ground Lease; (iii) Assignee shall be released from its obligations and liabilities under the Ground Lease and this Agreement; and (iv) Saint Thomas Health ("STH") shall be released from all of its obligations and liabilities under that certain Unlimited Continuing Guaranty executed by STH, dated December 29TH, 2014, pursuant to which STH guaranteed the satisfaction of certain of Assignee's obligations and liabilities under the Ground Lease. Landlord hereby consents to and agrees to be bound by the Re-Assignment Option and the terms of this Section 7.

8. Miscellaneous. This Agreement shall be governed by and construed under the laws of the State of Tennessee. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns. All exhibits referenced in this Agreement are incorporated herein. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, and all such counterparts together shall constitute one and the same instrument. The prevailing party in any lawsuit arising out of or related to this Agreement shall be entitled to recover the reasonable attorneys' fees, court costs and litigation expenses it incurs in connection with such lawsuit from the non-prevailing party therein.

[SIGNATURES ON FOLLOWING PAGE]

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

IN WITNESS WHEREOF, Assignor, Assignee and Landlord have executed this Agreement as of the day and year first above written.

ASSIGNOR:

MIDDLE TENNESSEE IMAGING, LLC

By: _____
Name: Ryan Brown
Title: General Counsel

ASSIGNEE:

SAINT THOMAS MIDTOWN HOSPITAL

By: _____
Name: CRAIG POLKOW
Title: CFO

LANDLORD:

OLD HICKORY PARTNERS, LLC

By: _____
Name: Arthur Hicks
Title: Chief Manager

Saint Thomas Health is signing below for internal approval purposes only. It is not a party to this Agreement.

SAINT THOMAS HEALTH

By: _____
Name: CRAIG POLKOW
Title: CFO

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

STATE OF TN)
)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared EVAN BROWN, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be the GENERAL COUNSEL of MIDDLE TENNESSEE IMAGING, LLC, the within named bargainor, a Tennessee limited liability company, and that he/she as such GENERAL COUNSEL, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the company by himself/herself as such GENERAL COUNSEL.

WITNESS my hand and seal at office in Nashville, Tennessee, on this the 29 day of DEC, 2014.

Diane Franklin
NOTARY PUBLIC

My Commission Expires: 1/9/2018

DIANE FRANKLIN
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

STATE OF TN)
)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared CRAIG POLKOW, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be the CFO of SAINT THOMAS MIDTOWN HOSPITAL, the within named bargainor, a Tennessee not-for-profit corporation, and that he/she as such CFO, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as such CFO.

WITNESS my hand and seal at office in Nashville, Tennessee, on this the 29 day of DEC, 2014.

Diane Franklin
NOTARY PUBLIC

My Commission Expires: 1/9/2018

DIANE FRANKLIN
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

STATE OF TN)
)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be the _____ of OLD HICKORY PARTNERS, LLC, the within named bargainor, a Tennessee limited liability company, and that he/she as such _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the company by himself/herself as such _____.

WITNESS my hand and seal at office in Nashville, Tennessee, on this the 29 day of Dec, 2014.

Diane Franklin
NOTARY PUBLIC

My Commission Expires: 1/9/2018

DIANE FRANKLIN
DAVIDSON COUNTY, TENN.

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

Attachment B

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

Attachment C

SUPPLEMENTAL #1
December 29, 2014
2:50 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: SAINT THOMAS MIDTOWN HOSPITAL

I, S. BLAKE ESTES, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

EXECUTIVE DIRECTOR, STRATEGY & PLANNING
(Signature/Title)

Sworn to and subscribed before me, a Notary Public, this the 29 day of Dec, 2014, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires Jan 9, 2018.

DIANE FRANKLIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

HF-0043

Revised 7/02

Supplemental #2
-Copy-

ST Thomas Midtown Hospital (Emergency Department at Brentwood)

CN1412-049

December 30, 2014

Via Hand Delivery

Phillip M. Earhart
Health Services Development Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1412-049
Saint Thomas Midtown Hospital (Emergency Department at Brentwood)

Dear Mr. Earhart:

For background and filing purposes, this is the third set of supplemental responses for the project referenced above. The first two sets were submitted to the Agency yesterday, December 29th. Once again, **our responses are provided in triplicate.**

---

1. **Section C., Need, Item 4.A.**

   Your response to this item is noted. Please complete the following chart using population projections provided by the Department of Health and US Census:

   Response: The chart has been completed as requested. Please refer to **Attachment A.**

2. **Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

   The historical data chart for Mid-Town Hospital's Emergency Department is noted. However, the chart indicates the dollars are reported in thousands which appears to be in error. Please revise and resubmit.

   Response: The historical data chart for Mid-Town Hospital's Emergency Department submitted yesterday, December 29th, as Attachment 9 has been revised to delete the reference to "dollars are reported in thousands." Please refer to **Attachment B** here.

3. **Section C, Economic Feasibility, Item 5 and 6**

   The revised average gross charge, average deduction from operating revenue, and average net charge is noted in the Projected Data Chart for the proposed Satellite ER. However, the project's average gross charge, average deduction form operating revenue, and average net charge do not match responses on page 34 of the original application. Please revise charges on pages 34 and 39 and submit replacement pages.

   Response: These changes were made and submitted to the Agency yesterday afternoon, December 29th, with narrative excerpts. Full replacement pages are provided here. Please refer to **Attachment C.**

We hope these additional responses are sufficient to deem this CON application complete. A notarized affidavit is provided in **Attachment D.**

Given the holiday timing, I may be reached by cell at 615.504.8761 or by email at Blake.Estes@sth.org to clarify these matters.

Sincerely,

Blake Estes
Executive Director, Strategy & Planning

attachments

SUPPLEMENTAL

Attachment A

Midtown Hospital Satellite ED - Supplemental Demographic Analysis

Demographic Data	Davidson County	Williamson County	Service Area Total	State of TN Total
Total Population - 2014	656,385	202,923	859,308	6,588,698
Total Population - 2018	682,330	223,333	905,663	6,833,509
Total Population % Change	4.0%	10.1%	5.4%	3.7%
65+ Pop. - 2014	74,375	23,028	97,403	981,984
65+ Pop. - 2018	85,594	27,729	113,323	1,102,413
65+ Population % Change	15.1%	20.4%	16.3%	12.3%
65+ Population % of Total Population - 2014	11.3%	11.3%	11.3%	14.9%
Median Age	34	39	36.5	38
Median Household Income	$47,335	$89,779	$68,557	$44,298
TennCare Enrollees	124,103	9,214	133,317	1,241,028
TennCare Enrollees as % of Total Population	17.5%	4.3%	14.4%	18.3%
Persons Below Poverty Level	112,795	10,919	123,714	1,128,618
% of Total Population below Poverty Level	17.8%	5.5%	14.9%	17.8%

Source: Tennessee Department of Health and US Census

SUPPLEMENTAL

DEC 30 2014

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: SAINT THOMAS MIDTOWN HOSPITAL

I, S. BLAKE ESTES, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

EXECUTIVE DIRECTOR, STRATEGY & PLANNING
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 30 day of Dec., 2014, witness my hand at office in the County of Davidson, State of Tennessee.

Diane Franklin
NOTARY PUBLIC

My commission expires 1/9, 2018.

HF-0043

Revised 7/02

DIANE FRANKLIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

BAKER DONELSON CENTER, SUITE 800
211 COMMERCE STREET
NASHVILLE, TENNESSEE 37201

MAILING ADDRESS:
POST OFFICE BOX 190613
NASHVILLE, TENNESSEE 37219

PHONE: 615.726.5600
FAX: 615.726.0464

www.bakerdonelson.com

WILLIAM WEST, SHAREHOLDER
Direct Dial: (615) 726-5561
Direct Fax: (615) 744-5561
E-Mail Address: bwest@bakerdonelson.com

March 9, 2015

Via Hand Delivery

Ms. Melanie Hill
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Opposition of Williamson Medical Center to Certificate of Need Application No. CN1412-049, for St. Thomas Midtown Hospital

Dear Ms. Hill:

As you know, this firm represents Williamson Medical Center, the public hospital located in Franklin, Williamson County, Tennessee.

Williamson Medical Center has directed us to file this letter of opposition to certificate of need application number CN1412-049, in which St. Thomas Midtown Hospital seeks to create a satellite emergency department to be located at 791 Old Hickory Boulevard in Davidson County, Tennessee.

Williamson Medical Center asserts that St. Thomas Midtown Hospital's CON application CN1412-049 fails to satisfy the statutory criteria set forth in T.C.A. § 68-11-1609 for the grant of a certificate of need. The project proposed by St. Thomas Midtown Hospital in CON application number CN1412-049 is not necessary to provide needed healthcare in the area to be served, cannot be economically accomplished and maintained, and will not contribute to the orderly development of adequate and effective healthcare facilities or services.

Representatives of Williamson Medical Center will be present at the HSDA meeting on March 25, 2015 to present its detailed case as to why CON application CN1412-049 should not be granted. A copy of this letter of opposition is being forwarded via email to Blake Estes, the contact person for this project, at Blake.Estes@stthomas.org. If you have any questions about this letter, please advise.

Sincerely,

BAKER, DONELSON, BEARMAN,
CALDWELL & BERKOWITZ, PC

William West

WHW/mhh

cc: Blake.Estes@stthomas.org

CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954

DATE: February 27, 2015

APPLICANT: Saint Thomas Midtown Hospital
791 Old Hickory Boulevard
Brentwood, Tennessee 37027

CN1412-049

CONTACT PERSON: Blake Estes, Director Strategy and Planning
102 Woodmont Boulevard, Suite 800
Nashville, Tennessee 37205

COST: $6,757,172

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:
The applicant, Saint Thomas Midtown Hospital (STMH), is located at 2000 Church Street, Nashville, Tennessee 37236, seeks Certificate of Need (CON) approval for a satellite of the main emergency department to be located at 791 Old Hickory Boulevard, Brentwood, Tennessee 37027. The project will be physically connected to Premier Radiology. The total number of treatment rooms will be eight. Midtown will contract with its existing hospital based 39 ER physician group that is currently providing services to Midtown and West. The proposed satellite emergency department facility will provide the same full emergency diagnostic and treatment services as the hospital, but will utilize the adjacent Premier Radiology imaging center for diagnostic services such as CT and MRI. The project does not contain major medical equipment, or initiate or discontinue any other health service, or affect any facilities' licensed bed compliment.
The facility will have dedicated ambulance service by Saint Thomas Emergency Medical Services.

New construction will total 9,250 square feet at a cost of $268 per square foot ($290 with site work). This project will be heard simultaneously with TriStar Southern Hills Hospital (CN1412-050).

Saint Thomas Midtown Hospital is owned by Nashville-based Saint Thomas Health Services which is part of St. Louis-based Ascension Health. Ascension Health is a Catholic organization that is the largest not-for-profit health system in the United States. Other members of Saint Thomas Health Services include Saint Thomas-West Hospital in Nashville, Saint Thomas-Rutherford Hospital in Murfreesboro, and Hickman Community Hospital in Centerville.

The total project cost is $6,757,172 and will be funded through cash reserves as documented in a letter from the Chief Financial Officer in Attachment C, Economic Feasibility-2.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:

The applicant's service area includes Davidson and Williamson County zip codes. The population projections for these two counties are provided in the following chart.

County	2015 Population	2019 Population	% of Increase/ (Decrease)
Davidson	663,151	688,318	3.8%
Williamson	207,872	228,670	10.0%
Total	871,023	916,988	5.3%

Tennessee Department of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics, *2020, June 2013, Revision*

The following illustrates the existing facility utilization for Davidson and Williamson county EDs.

Service Area ER Utilization 2011-2013

	ER Rooms	2011 Presented	2011 Treated	2012 Presented	2012 Treated	2013 Presented	2013 Treated
Saint Thomas Midtown Hospital	36	50,050	50,050	52,064	52,064	51,643	51,643
Saint Thomas West Hospital	29	33,973	33,637	34,174	33,490	33,400	33,006
Skyline Medical Center	44	52,637	50,749	54,742	54,707	54,922	54,598
Summit Medical Center	31	47,191	47,191	56,870	52,862	51,552	50,834
Southern Hills Medical Center	19	36,633	36,083	41,520	40,632	42,383	41,495
Vanderbilt Medical Center	78	109,987	109,987	114,051	114,051	128,136	119,225
Centennial Medical Center	47	34,534	34,534	38,774	38,774	48,146	48,146
Williamson Medical Center	28	35,961	35,396	37,946	37,716	36,184	36,176
Metro Nashville General Hospital	22	33,199	33,199	34,214	34,214	36,536	36,536

Joint Annual Reports of Hospitals, 2011, 2012, 2013, Tennessee Department of Health, Division of Policy, Planning, and Assessment of Policy, Planning, and Assessment

The following chart illustrates the average number of patients per room that presented at each facility in the service area.

ER Utilization for Davidson and Williamson Counties

Facility	ER Room	2013 Total	Average Per Room
Saint Thomas Midtown Hospital	36	51,643	1,434
Saint Thomas West Hospital	29	33,400	1,152
Skyline Medical Center	44	54,922	1248
Summit Medical Center	31	51,552	1,663
Southern Hills Medical Center	19	42,383	2,231
Vanderbilt Medical Center	78	128,136	1,643
Centennial Medical Center	47	48,146	1,024
Williamson Medical Center	28	36,184	1,292
Metro Nashville General Hospital	22	36,536	1,664

Joint Annual Reports of Hospitals, 2011, 2012, 2013, Tennessee Department of Health, Division of Policy, Planning, and Assessment of Policy, Planning, and Assessment

In 2013, Saint Thomas Midtown Hospital averaged 1,434 patients per ER room, while Saint Thomas West averaged 1,152 per ER room.

The applicant cites and article from the American College of Emergency Physicians (ACEP) titled "Emergency Department Benchmarking Alliance Reports on Data Survey for Next Generation ED Design", states 1,368 patients seen per ED beds" as the 2013 survey result.

This project involves the expansion of Midtown's existing emergency department to a second location in Brentwood. Renovating and enlarging existing emergency departments at either

Midtown or Saint Thomas West is not a viable option. Major construction is now going on at West for a CT scanner that will necessitate eliminating two existing emergency rooms. The applicant reports that both campuses are increasingly crowded. Saint Thomas has been actively pursuing a strategy of moving outpatient services into other areas of surrounding communities.

The applicant states the proposed Satellite ED is in line with STMH with Saint Thomas Health's long term goal of accountable care in partnership with MissionPoint Health Partners. Currently, patients from Middle Tennessee communities are traveling to downtown urban Nashville for treatment. This proposed satellite ED offers a convenient, accessible option where patient can receive healthcare closer to where they live and work. Specific needs of Middle Tennessee suburban communities include:

- Better meet the community demand for emergency services-population growth in Davidson and Williamson counties will generate the demand for additional treatment rooms. The applicant estimates the need for 15 addition treatment rooms while Saint Thomas West is losing 2 treatment rooms and TriStar Centennial is reducing its treatment rooms by 4.

- Reduce the high volumes of the existing ED treatment rooms at both Midtown and West hospitals. Instead of the expanding current downtown facilities, the applicant believes it is more prudent to place the satellite ED location in a in a more vital place throughout the service area resulting in better distribution of resources.

- The applicant wants to improve the patient flow and operational efficiency-By adding ED capacity to the healthcare system, the proposed project will improve outpatient treatment times for Davidson and Williamson county residents, whether they seek care locally or now travel to Midtown or West hospitals.

- Improve the quality of service, as every minute counts in emergency care. Saint Thomas wants to bring its emergency team members and their experience and expertise closer to its patients to improve patient experience and outcomes.

TENNCARE/MEDICARE ACCESS:
Midtown participates in United Healthcare Community Plan and AmeriGroup. Final negotiations with TennCare Select and BlueCare were expected to be completed by 1/1/2015.

The applicant projected TennCare revenues of $36,612 or 10.9% of total revenues and Medicare revenues of $601,412, or 39.5% of total gross revenues in year one of the project.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:
The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and the projections are correct based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Cost Chart is located on page 32 of the application. The total estimated project cost is $6,757,172.

Historical Data Chart: The Historical Data Chart Midtown ED only, the applicant reported 51,980, 51,625, and 48,803 patient days in 2012, 2013, and 2014 with net operating revenues of $12,262,794, $ 12,179,045, $11,942,893 each year, respectively

Historical Data Chart: The Historical Data Chart for Midtown all services located in Supplemental 1, the applicant reported 112,163, 110,408, and 100,820 patient days in 2012, 2013, and 2014, with net operating revenues of $152,984,000, $150,771,000, and $153,156,000 each year, respectively.

Projected Data Chart: In the projected Data Chart for Midtown Satellite only, the applicant project 6,155 and 8,430 ER visits in years one and two, with net operating revenue of ($82,653) and $109,319 each year, respectively.

The applicant's charges, adjustments and net revenues are provided below.

	Current	FY2017	FY2018
Gross Charge	$2,205	$2,410	$2,482
Adjustment	$1,818	$1,926	$1,998
Net Revenue	$387	$484	$484

Saint Thomas Health did not consider renovating and enlarging existing emergency departments at Midtown or West hospitals to be a viable option. Both facilities are becoming increasingly crowed and West is undergoing major construction to provide space for a CT upgrade. Saint Thomas Health is actively pursuing a strategy of moving outpatient services into other areas of the outlining communities.

This project addresses the site deficiencies at both Midtown and West hospitals and does so in a cost effective approach by leveraging imaging services already existing in Brentwood.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:
Saint Thomas Health provides a listing of active relationships and formal agreements on page 43 and 44 of the application. The applicant reports Midtown Hospital's proposal will have a positive impact on healthcare system.

Saint Thomas Health System will meet the community demand for emergency services-population growth in Davidson and Williamson counties will generate the demand for additional treatment rooms. The applicant estimates the need for 15 additional treatment rooms while Saint Thomas West is losing 2 treatment rooms and TriStar Centennial is reducing its treatment rooms by 4.

Saint Thomas Health System will reduce the high volumes of the existing ED treatment rooms at both Midtown and West hospitals. Instead of the expanding current downtown facilities, the applicant believes it is more prudent to place the satellite ED location in a in a more vital place throughout the service area resulting in better distribution of resources.

Service area residents will experience a positive impact by having increased access to Saint Thomas Health System's emergency services closer to where they work and live.

The staffing for the proposed project is provided below.

Position	**7-3 FTEs**	**3-11 FTEs**	**11-7 FTEs**
RN	4.4	6.4	3.8
EVS Tech	1.4	2.1	1.2
LAB Tech	1.4	2.1	1.2
Registration	1.4	2.1	1.2
Pharmacy	0.4	0.6	0.9
Total	**9.1**	**13.3**	**7.9**

The applicant provides the healthcare teaching and training programs they are involved with on pages 46, 47, and 48 of the application.

Saint Thomas Midtown is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited by the Joint Commission. The applicant's most recent licensure survey is located in Orderly Development of Health Care, Tab 21.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

   This criterion is not applicable.

2. For relocation or replacement of an existing licensed health care institution:

   a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

   b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

      This criterion is not applicable.

3. For renovation or expansions of an existing licensed health care institution:

   a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

      The applicant provides data from the Tennessee showing an increase in emergency services visits from 2009 thru 2013.

   b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

      This criterion is not applicable.